

Name  
in  
Full

## CERTIFICATE OF DEATH

Triphunie Adams

Town

County

MARYLAND

Died at

Cambridge

Barchester

Date

of death

1980

Month

Mar

Day

14

Years

Age 33

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of death

Cambridge Md

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

George W. Adams

Father's  
Name

John T. Evans

Father's  
Birthplace

Maryland

Mother's  
Meiden Name

Triphunie Evans

Mother's  
Birthplace

"

Name of person giving  
Information

George W. Adams

How related  
to deceased

Husband

## CAUSES OF DEATH

20

V

Primary

Tuberculosis Pulmonary.

How long

Two months.

Immediate

E. Launton

How long

Some weeks

Are the name, age, sex, color, date  
and place correctly given above?

by

Signature of  
Physician

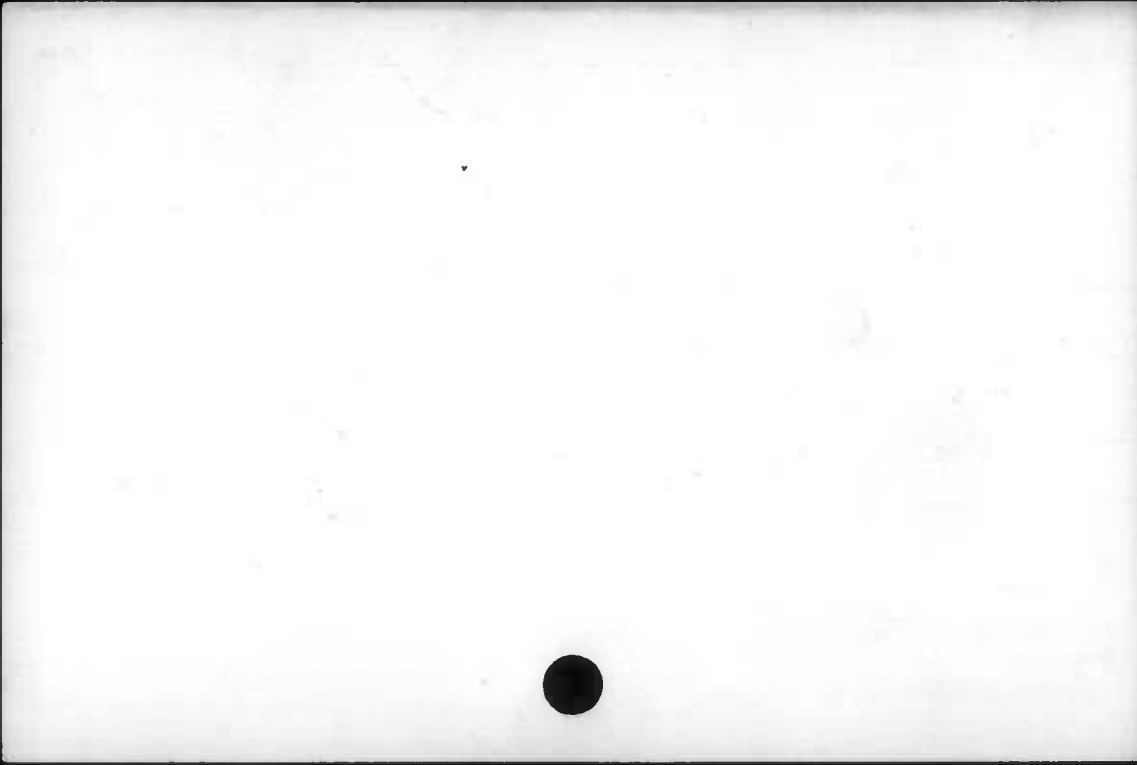
Dr. G. L. G. G. G.

Address

Cambridge Ma

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

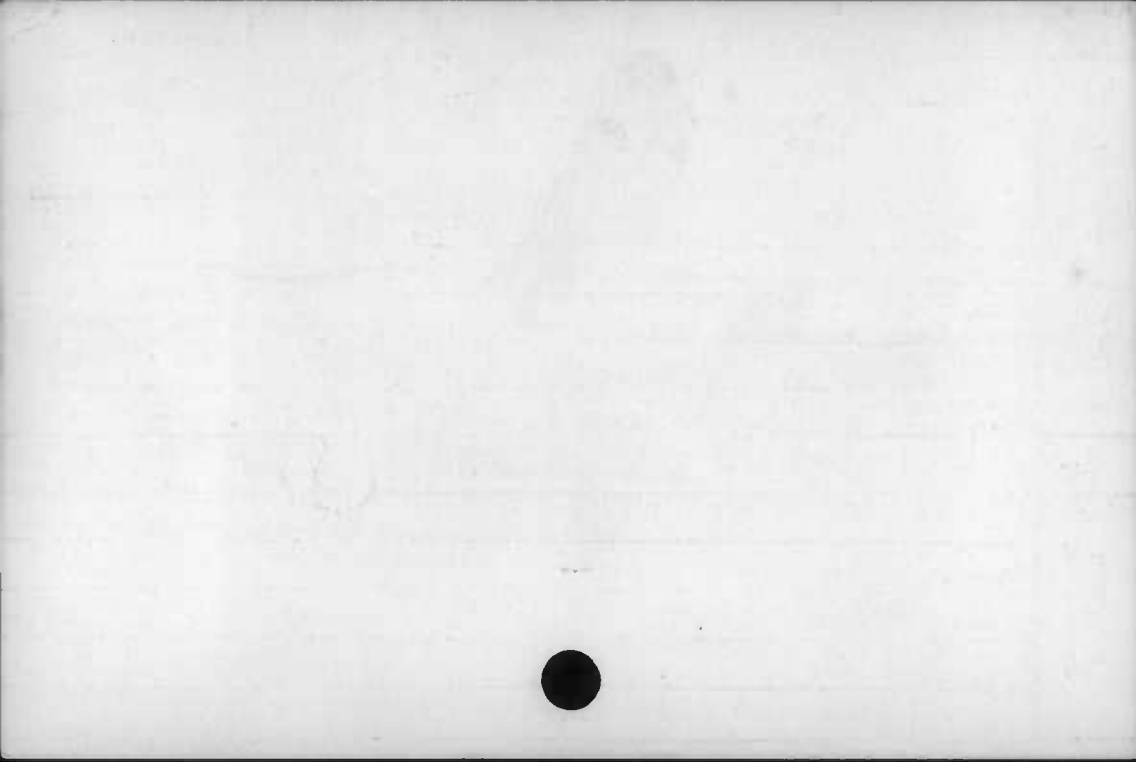
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wings</i>		Town <i>Brunswick</i>		County <i>Cambridge</i>		State <i>MARYLAND</i>	
Date of death <i>1910</i>	Month <i>March</i>	Day <i>31</i>	Age <i>31</i>	Years <i>31</i>	Months <i>3</i>	Days <i>10</i>	
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Born</i>				
Occupation <i>✓</i>			Where Residing if not at place of death <i>✓</i>				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>✓</i>				
Father's Name <i>Geo Banks</i>			Father's Birthplace <i>md</i>				
Mother's Maiden Name <i>Natur Brown</i>			Mother's Birthplace <i>md</i>				
Name of person giving information <i>Geo Banks</i>			How related to deceased <i>father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Born</i>	How long <i>✓</i>
Immediate <i>✓</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Chas. M. Hawley M.D.</i>
<i>No. physician in attendance</i>	Address <i>Cambridge</i>
Accident or Suicide?	<i>Health officer</i>



Name  
in  
Full

Infant

Buckwith

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

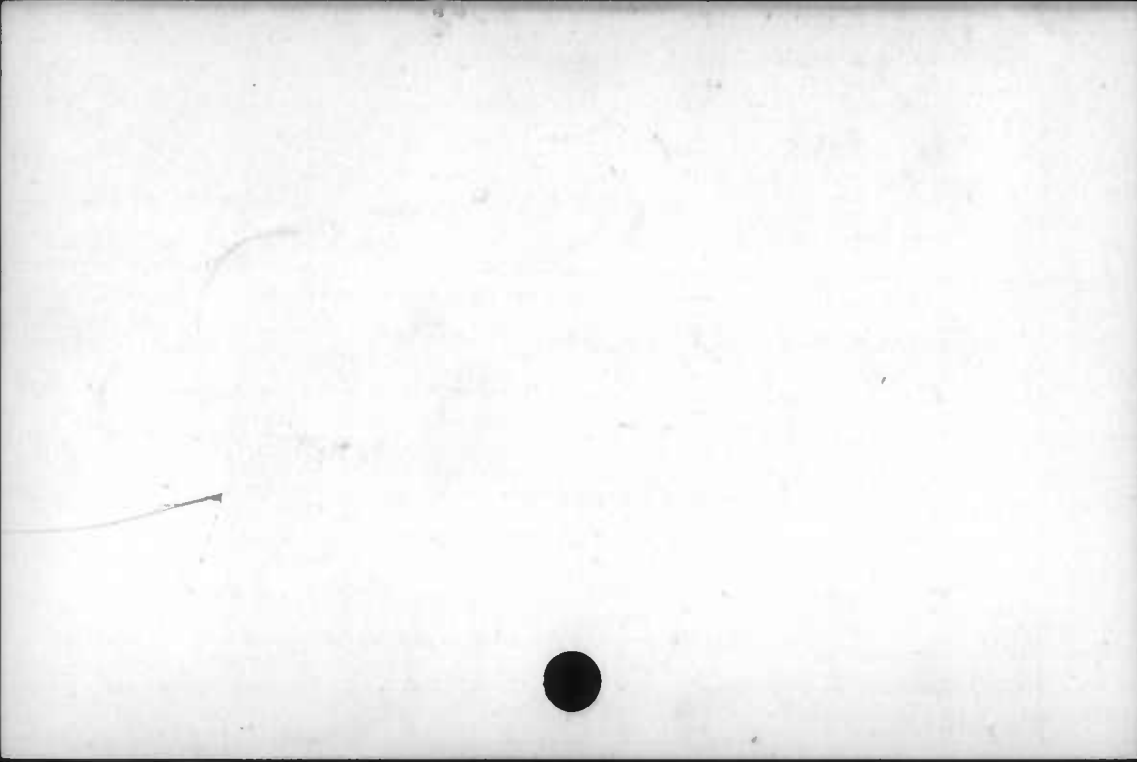
Died at <u>Hurlock</u> <sup>Town</sup>		<u>son</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1900</u>	Month	<u>March</u>	Day	<u>20th</u>
Age		<u>—</u>		Months	<u>—</u>
Sex	<u>male</u>	Color or Race	<u>white</u>	Birth-place	<u>Hurlock</u>
Occupation		Where Residing if not at place of death <u>Hurlock</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>			
Father's Name		<u>M. F. Buckwith</u>		Father's Birthplace <u>son Co</u>	
Mother's Maiden Name		<u>Alfretta Whratley</u>		Mother's Birthplace <u>son Co</u>	
Name of person giving information		<u>Father</u>		How related to deceased <u>Father</u>	

## CAUSES OF DEATH

8 ✓

PHYSICIAN  
OR CORONER

Primary	<u>in hooping cough</u>	How long	<u>—</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>no Physician</u>	
		Address <u>in attendance</u>	
Accident or Suicide?		<u>Robert L. Hastings Local Registrar</u>	



Name  
in  
Full

William Raymond Bradford

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

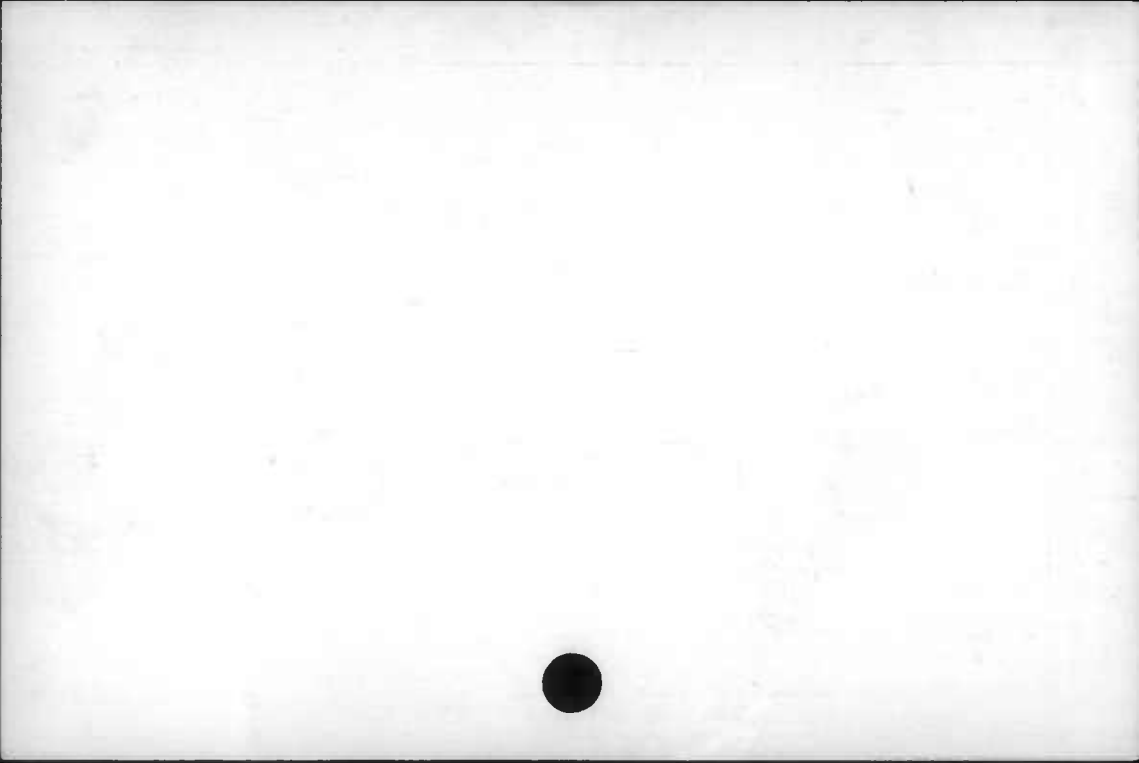
Died at <u>Grapo</u> <small>Town</small>		<u>Dorchester</u> <small>County</small>		MARYLAND	
Date of death <u>1900</u> <small>Month</small> <u>Mar</u> <small>Day</small> <u>3</u>		Age <u>          </u> <small>Years</small>		Month <u>          </u> <small>Day</small> <u>23</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Grapo, Md</u>	
Occupation <u>Infant</u>		Where Residing if not at place of death <u>Died at home</u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>Not married</u>			
Father's Name <u>Enoch D. Bradford</u>		Father's Birthplace <u>Grapo, Md.</u>			
Mother's Maiden Name <u>Melaid May Connors</u>		Mother's Birthplace <u>Deal Island Md</u>			
Name of person giving Information <u>E. D. Bradford</u>		How related to deceased <u>Father</u>			

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <u>Quintuple</u>		How long <u>23 days</u>	
Are the name, age, sex, color, date and place correctly given above? <u>Yes, so far as I know</u>		Signature of Physician <u>J. M. White</u>	
Accident or Suicide		Address <u>Grapo, Dorchester Co Md.</u>	





Name  
in  
Full

CERTIFICATE OF DEATH

*Lewis James Coleman Jr.*  
Town *Henlock* County *Dor* MARYLAND

Died at *Henlock*

Date of death *1960* Month *Mar* Day *24* Age *78* Years Months *—* Days *—*

Sex *Male* Color or Race *Colored* Birth-place *Dor Co.*

Occupation *Laborer* Where Residing if not at place of death *Henlock*

Married, ~~Single~~ or ~~Widowed~~ Name of Wife or Husband *Mauda Coleman*

Father's Name *Lewis James Coleman* Father's Birthplace *md.*

Mother's Maiden Name *Mauda Sampson* Mother's Birthplace *md.*

Name of person giving information *Mrs Coleman* How related to deceased *Son*

TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

*154*  
How long

How long

PHYSICIAN  
OR CORONER

Primary *Old age*

Immediate

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *No Dr in attendance*  
Address *Robert L Hastings*  
*Local Registrar*

Accident or Suicide?



Name  
in  
Full

Norman Colborn

## CERTIFICATE OF DEATH

Died at Cabin Creek Town Dorchester County MARYLAND

Date of death 1990 3 29 Age 2 Months Days

Sex Male Color or Race White Birthplace Dorchester

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Name of Wife or Husband \_\_\_\_\_Father's Name Fred Colborn Father's Birthplace DorchesterMother's Maiden Name Ethel Canady Mother's Birthplace Talbot-Name of person giving Information Edward Colborn How related to deceased Brother

## CAUSES OF DEATH

Primary Tuberculosis How long Don't knowImmediate asthma How long Don't knowAre the name, age, sex, color, date and place correctly given above? yes Signature of Physician Edward L Jones

Address \_\_\_\_\_

Accident or Suicide \_\_\_\_\_

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Enm

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Redds Grove

Town

County

Dorchester

MARYLAND

Date

of death 190

Month

3

Day

5

Age

Years

62

Months

0

Days

0

Sex  
Occupation

Female

Color or  
Race

White

Birth-  
place

unknown

Housewife

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
Husband

Wesley Leonard

Father's  
Name

Mr. Murphy

Father's  
Birthplace

Dorchester

Mother's  
Maiden Name

Elizabeth Porter

Mother's  
Birthplace

Dorchester

Name of person giving  
Information

Ellen Leonard

How related  
to deceased

Son

## CAUSES OF DEATH

109

Primary

Acute Indigestion

How long

2 days

Immediate

Heart Failure

How long

10 minutes

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

H. F. Nichols, M.D.

Address

E. N. Market, Ind.

Accident or Suicide

PHYSICIAN  
OR CORONER

Reeds Grove

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

William W. Corkran.

## CERTIFICATE OF DEATH

Died at <sup>Town</sup> Near Williamsburg <sup>County</sup> Dorchester

MARYLAND

Date of death 1910 <sup>Month</sup> Mar. <sup>Day</sup> 29 <sup>Years</sup> Age 71 <sup>Months</sup> 9 <sup>Days</sup> —Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Dorchester Co. MdOccupation Farmer, <sup>Where Residing if not at place of death</sup>Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Annie M. Corkran.Father's Name Algernon Corkran, <sup>Father's Birthplace</sup> Dorchester Co. MdMother's Maiden Name Susan Carroll, <sup>Mother's Birthplace</sup> " " "Name of person giving Information Jos. H. Corkran, <sup>How related to deceased</sup> Brother.

## CAUSES OF DEATH

Primary Valvular disease of heart <sup>How long</sup> 20 years  
Immediate La Grippe <sup>How long</sup> 12 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

O. J. Maguire,  
Hurlock Md

Accident or Suicide





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary F. Cornish* Town *Taylor's Island* County *Dorchester* MARYLAND  
Died at  
Date of death 19*60* Month *March* Day *2* Age *39* Years Months Days  
Sex *Female* Color or Race *African* Birth-place *Md*  
Occupation *Housework* Where Residing if not at place of death *#*  
Married, Single or Widowed *Married* Name of Wife or Husband *Sam'l F. Cornish*  
Father's Name *Noah Meekins* Father's Birthplace *Md.*  
Mother's Maiden Name *Mary A. Cornish* Mother's Birthplace *Md*  
Name of person giving Information *Sam'l F. Cornish* How related to deceased *Husband*

## CAUSES OF DEATH

135

PHYSICIAN  
OR CORONER

Primary *Premature Birth - Haemorrhage* How long *1 day*  
Immediate *Shock* How long *1 day*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. H. Shriver Jr*  
Address *Taylor's Island*  
*Dor. Co. Md*  
Accident or Suicide *#*



Name  
in  
Full

Rosie Cornish

CERTIFICATE OF DEATH

Died at Lafayette <sup>Town</sup> Archester <sup>County</sup> MARYLAND

Date of death 1910 <sup>Month</sup> Feb, <sup>Day</sup> 24 <sup>Years</sup> 67 <sup>Months</sup> 2 <sup>Days</sup> 3

Sex Female Color or Race Black Birthplace Archester Md

Occupation Housewife Where Residing if not at place of death ✓

Married, Single or Widowed Widow Name of Wife or Husband Richard Cornish

Father's Name John Pritchett Father's Birthplace Archester Co

Mother's Maiden Name Dont Know Mother's Birthplace Dont Know

Name of person giving Information John Lee How related to deceased None

CAUSES OF DEATH

93 ✓

Primary Pneumonia How long One week

Immediate Pneumonia How long 2 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

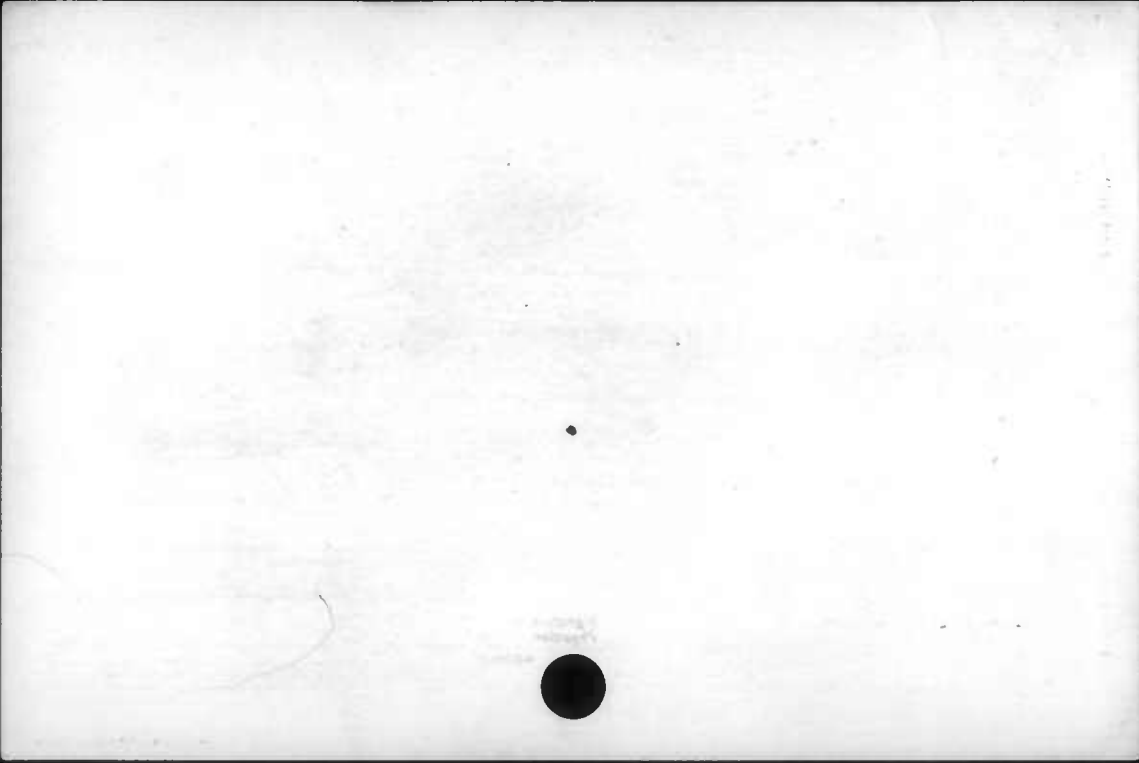
W. H. Hinkle  
Lambert St Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

H



Name  
in  
Full

Edward B. Corsey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

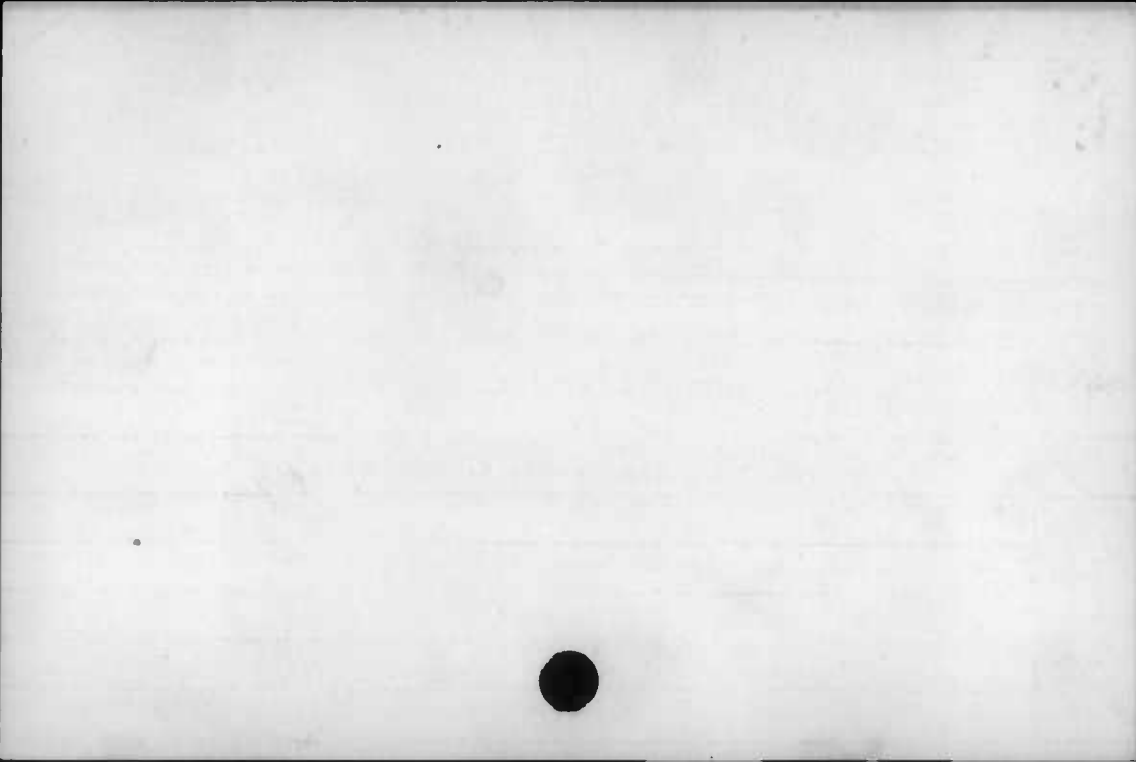
Died at		Town Cambridge		County Dorchester		MARYLAND	
Date of death	1910	Month March	Day 28	Age #	Years #	Months 7	Days #
Sex	Male		Color or Race	Colored		Birth place	Dorchester Co.
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed			Name of Wife or Husband —				
Father's Name				James B. Corsey			
Mother's Maiden Name				Blanche Johnson			
Name of person giving Information				Blanche Corsey			
Father's Birthplace				Dorchester Co.			
Mother's Birthplace				" "			
How related to deceased				Mother			

## CAUSES OF DEATH

9P

PHYSICIAN  
OR CORONER

Primary	Broncho Pneumonia		How long	3 days
Immediate	Convulsions		How long	Several hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Dexter B. Reynolds	
			Address	
			Cambridge, Ind	
Accident or Suicide?				



Name  
in Full

Mrs Susan Caroline Creighton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fishing Creek</u> <sup>Town</sup>		<u>Norchester</u> <sup>County</sup>		MARYLAND	
Date of death 19 <u>60</u>	<u>March</u> <sup>Month</sup>	<u>13<sup>th</sup></u> <sup>Day</sup>	Age <u>55</u> <sup>Years</sup>	<u>3</u> <sup>Months</sup>	<u>26</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Norchester Co.</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>_____</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sam'l. M. Creighton</u>				
Father's Name <u>John Aaron</u>	Father's Birthplace <u>Norchester Co.</u>				
Mother's Maiden Name <u>Elija Tall</u>	Mother's Birthplace <u>Norchester Co.</u>				
Name of person giving Information <u>Sam'l. M. Creighton</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Influenza, Acute Regurgitation</u>	How long <u>Five weeks.</u>
Immediate	<u>Cardiac Failure</u>	How long <u>Five days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. H. Houston, M.D.</u>	
	Address <u>Fishing Creek, Ind.</u>	
Accident or Suicide		





Name  
in  
Full

## CERTIFICATE OF DEATH

Ralph D M. Dennis

Town

County

MARYLAND

Died at

Cambridge

Dorchester Co

Date

of death 1900

Month

March 19

Day

Age

Years

Months

Days

1 14

Sex

Male

Color or  
Race

Black

Birth-  
place

Neck bis

Occupation

Baby

Where Residing if not  
at place of death

Cambridge

Married, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Robert Dennis

Father's  
Birthplace

Pocomoke City

Mother's  
Maiden Name

Lynna Ward

Mother's  
Birthplace

Beekirith

Name of person giving  
Information

Robert Dennis

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Capillary Bronchitis

How long

one week

Immediate

Exhaustion

How long

few hours

Are the name, age, sex, color, data  
and place correctly given above?

yes

Signature of  
Physician

Gus M. Stanley M.D.

Address

Health Officer

Accident or Suicide

2474

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full **Millie Evans.**

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at **Near Tinehville** **Dorchester.** County **MARYLAND**  
Date of death **1900** Month **Mar.** Day **13** Age **90** as near as known. Months Days  
Sex **Female** Color or Race **Black** Birth-place **Dorchester Co. Md.**  
Occupation **House-work.** Where Residing if not at place of death  
Married, Single or Widowed **Widow.** Name of Wife or Husband **Henry Evans, Dec'd.**  
Father's Name **Camper.** Father's Birthplace **Probably Dorchester Co. Md.**  
Mother's Maiden Name **Unknown.** Mother's Birthplace  
Name of person giving Information **Margaret Baxton** How related to deceased **"Daughter."**

CAUSES OF DEATH

Primary **Cerebral Apoplexy** **(64)** ✓ How long **6 days.**  
Immediate

Are the name, age, sex, color, date and place correctly given above?

**yes**

Signature of Physician

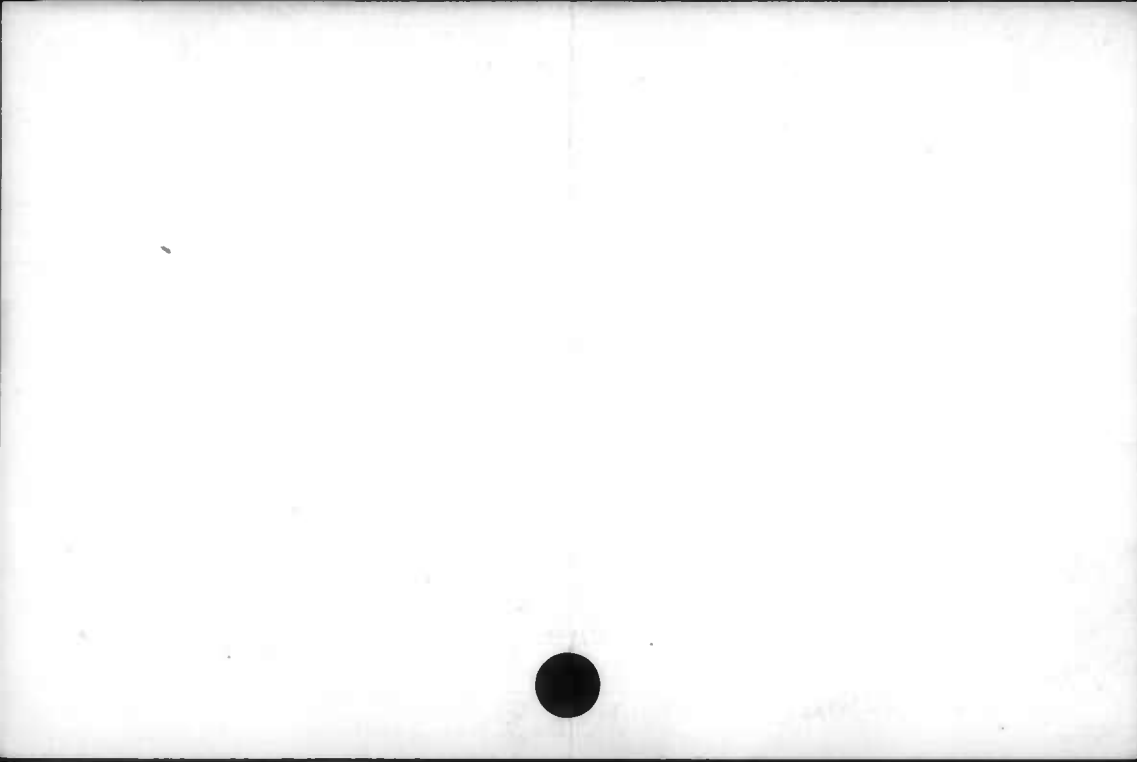
**J. J. Brooks,**

Address

**Federalsburg  
Caroline Co. Md.**

Accident or **✓** Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Inson F. Griffin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

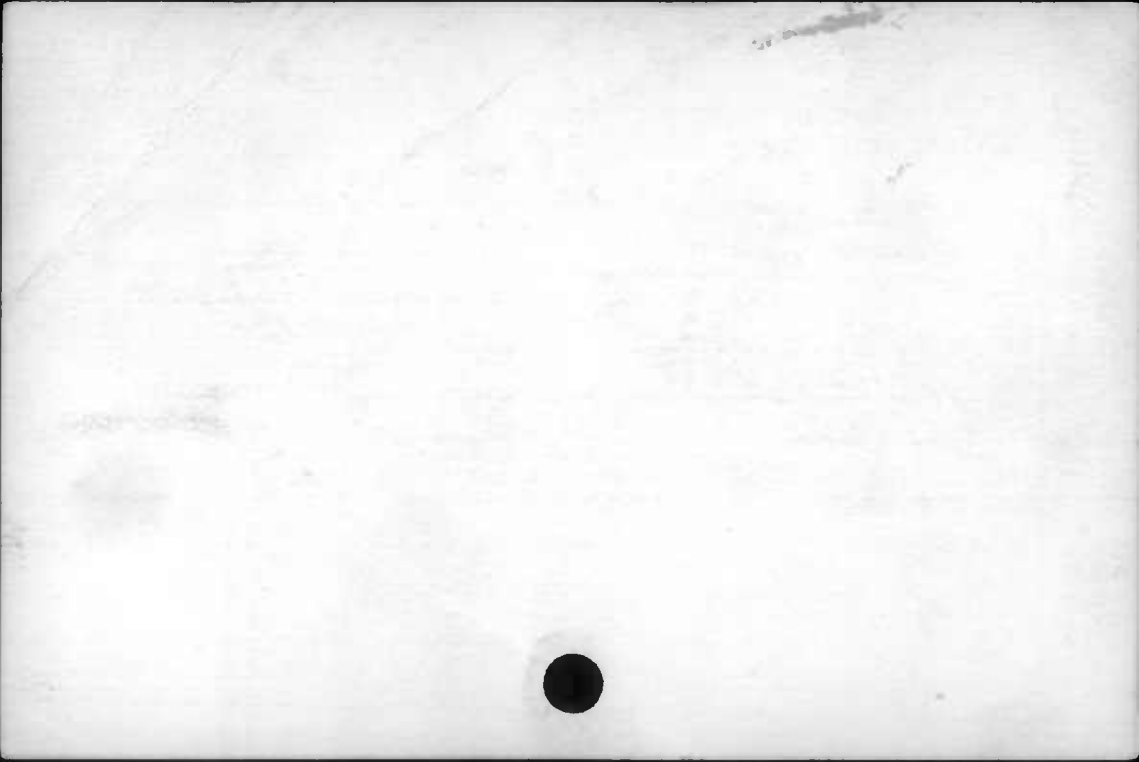
Died at <i>Lakes Mills</i> <sup>Town</sup>		<i>Dorchester</i> <sup>County</sup>		MARYLAND	
Date of death 19 <i>00</i> <sup>Month</sup> <i>March</i> <sup>Day</sup> <i>20</i> <sup>Years</sup> <i>80</i> <sup>Months</sup> <i>—</i> <sup>Days</sup> <i>—</i>		Sex <i>Female</i> Color or Race <i>colored</i>		Birth-place <i>Lakes Mills</i>	
Occupation <i>Housework</i>		Where Residing if not at place of death <i>Died at home</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Single</i>			
Father's Name <i>Samuel Griffin</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Mary E. Griffin</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving Information <i>Silas Travers</i>		How related to deceased <i>none</i>			

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate <i>Dr. White</i>		How long <i>Two weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes, so far as I know</i>		Signature of Physician <i>J. M. White, M.D.</i>	
		Address <i>Camps. Dorchester Co. Md.</i>	
Accident or Suicide			



Name  
in  
Full

Edwin M Hooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Salmon</u> <sup>Town</sup>		<u>Dorchester Co</u> <sup>County</sup>		MARYLAND	
Date of death <u>1990</u> <sup>Month</sup> <u>March</u> <sup>Day</sup> <u>6</u>		Age <u>68</u> <sup>Years</sup>		<u>Months</u> <u>Days</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>East New Market</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Salmon</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Katie Hooper</u>			
Father's Name <u>John A Hooper</u>		Father's Birthplace <u>East New Market</u>			
Mother's Maiden Name <u>Sallie Dean</u>		Mother's Birthplace <u>Vienna</u>			
Name of person giving Information <u>Walter M Hooper</u>		How related to deceased <u>Brother</u>			

CAUSES OF DEATH

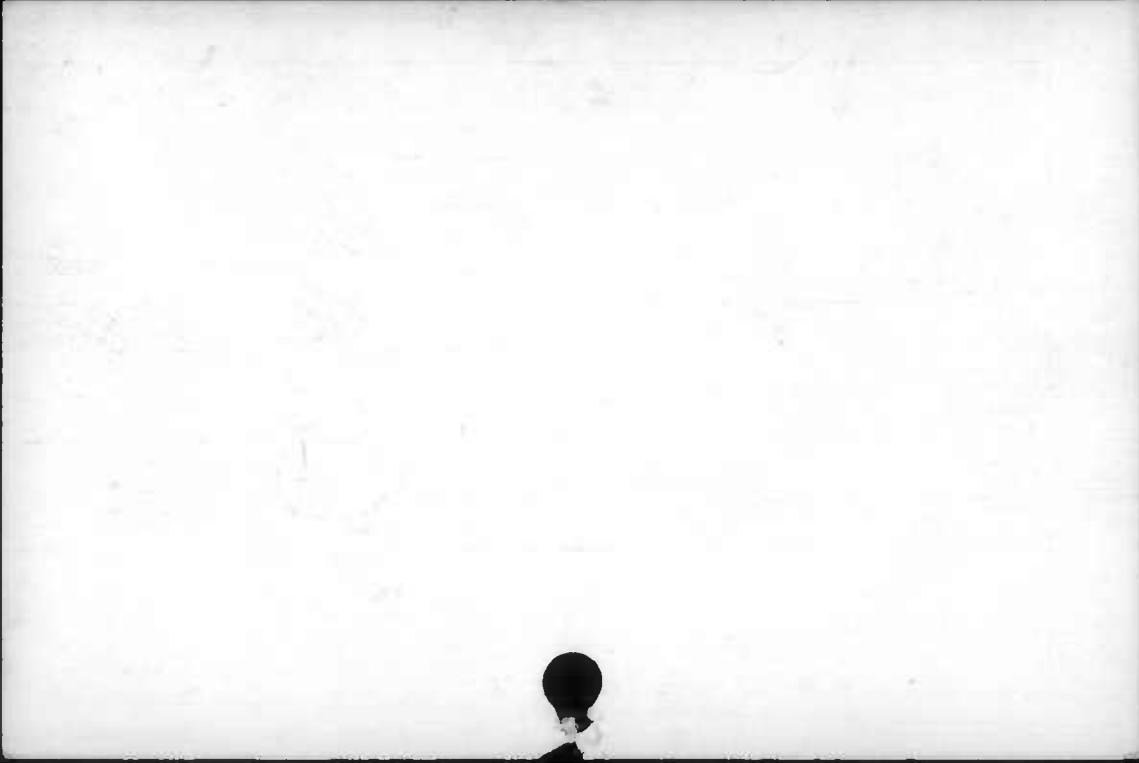
Primary	<u>Pneumonia</u>	How long	<u>9 wks</u>
Immediate	<u>E. Lausht</u>	How long	<u>3 wks</u>
Are the name, age, sex, color, data and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. G. L. Brown</u>	

Address

Cambridge, Md

Accident or Suicide

PHYSICIAN  
OR CORONER





Name  
in  
Full

Glenn M. Harper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Near Hurlock</b>		Town <b>Hurlock</b>		County <b>Dorchester</b>		State <b>MARYLAND</b>	
Date of death <b>1900</b>		Month <b>Mar</b>		Day <b>21</b>		Years <b>16</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Dorchester Co. Md</b>		Months <b>11</b> Days <b>18</b>	
Occupation <b>General Work &amp; Farmer.</b>				Where Residing if not at place of death <b>Hurlock. Md.</b>			
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband					
Father's Name <b>George W. Harper, dec'd.</b>				Father's Birthplace <b>Dorchester Co. Md</b>			
Mother's Maiden Name <b>Minnie U. Medford</b>				Mother's Birthplace <b>" " "</b>			
Name of person giving Information <b>Minnie U. Harper.</b>				How related to deceased <b>Mother.</b>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Accidental death</b>		How long	<b>Immediate</b>
Immediate	<b>Thrown against stump by belt of gun</b>		How long	<b>Immediate</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>[Signature]</b> Address <b>Hurlock Md</b>		
Accident or Suicide <b>Accident</b>				



Name  
in  
Full

Arthur B. Hayward

## CERTIFICATE OF DEATH

Died at *Near Cambridge*

Town

County

MARYLAND

Date  
of death 1900

Month

Day

Age

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Druggist

Where Residing if not  
at place of death

Near Cambridge

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Kellie A. Hayward

Father's  
Name

Francis Hayward

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary Christopher

Mother's  
BirthplaceName of person giving  
Information

Kellie A. Hayward

How related  
to deceased

Wife

## CAUSES OF DEATH

29

Primary

Tuberculosis

How long

Immediate

Tuberculosis

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

John [Signature]  
Cambridge, Md

Accident or Suicide

No



Name  
in  
Full

Edward Halliday

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

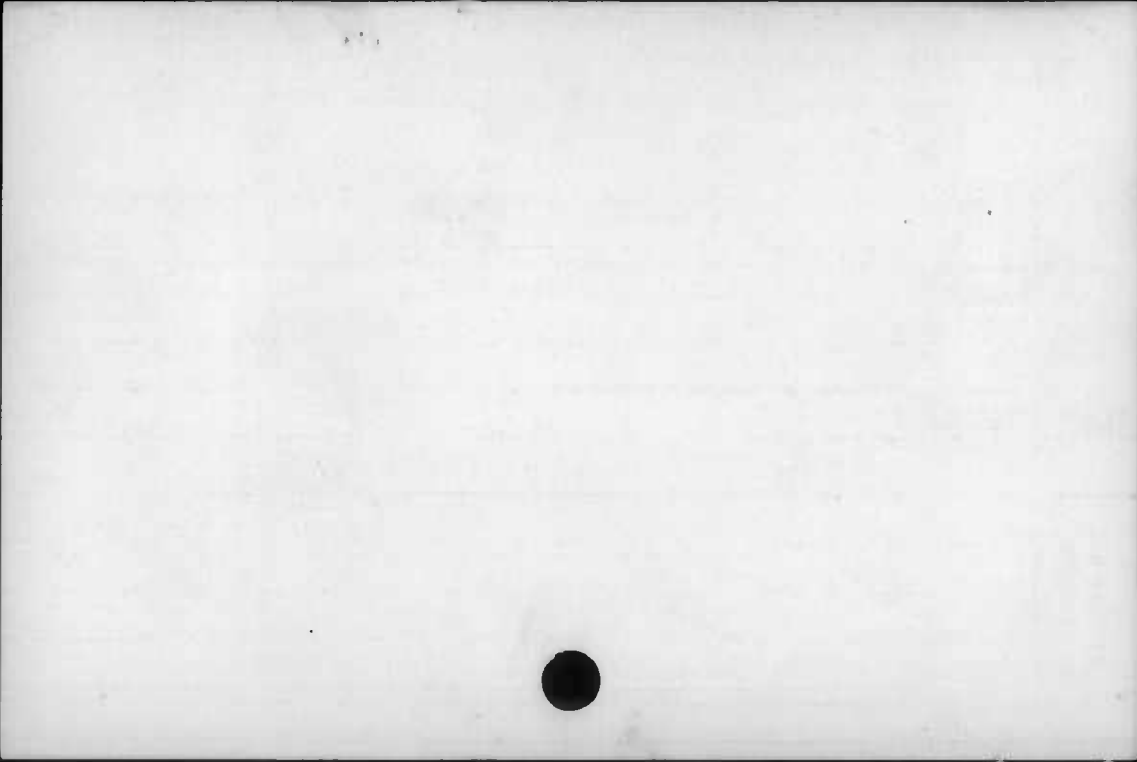
Died at		Town <i>Cambridge</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	19	Month <i>10</i>	Day <i>26</i>	Age <i>65</i>	Years	Months	Days
Sex <i>Male</i>	Color or Race <i>colored</i>			Birth- place <i>Salem</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Julia Ann Camper</i>					
Father's Name <i>John Halliday</i>				Father's Birthplace <i>Salem Md</i>			
Mother's Maiden Name <i>Eliza Saunders</i>				Mother's Birthplace			
Name of person giving Information <i>Joseph Halliday</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Nephritis</i>	How long <i>6 mos.</i>
Immediate	<i>Mitral Insufficiency</i>	How long <i>2 or weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dexter P. Reynolds</i>
		Address <i>Cambridge Md</i>
Accident or Suicide?		



Name in Full *Elizabeth Jackson* Town *East New Market* County *Dorchester* **CERTIFICATE OF DEATH**

Died at *East New Market* **MARYLAND**

Date of death *1900* Month *March* Day *16* Age *✓* Years Months Days

Sex *female* Color or Race *colored* Birth-place *md*

Occupation *✓* Where Residing if not at place of death *✓*

Married, Single or Widowed Name of Wife or Husband *✓*

Father's Name *Mrs W. Jackson*

Father's Birthplace *md*

Mother's Maiden Name *Mary Mobray*

Mother's Birthplace *md*

Name of person giving Information *Mrs W. Jackson*

How related to deceased *father*

**CAUSES OF DEATH**

Primary

How long *8* *✓*

Immediate

*Still Born*

How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

*H. L. Nichols M.D.*

Address *East New Market*

Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Jackson*  
Died at *East New Market* Town *Dorchester* County

MARYLAND

Date of death *1900* Month *March* Day *16* Age *✓* Years *✓* Months *✓* Days *✓*

Sex *male* Color or Race *colored* Birth-place *ma*  
Occupation *✓* Where Residing if not at place of death *✓*

Married, Single or *Widowed* Name of Wife or Husband *✓*

Father's Name *Wm W. Jackson* Father's Birthplace *ma*

Mother's Maiden Name *Mary Mobray* Mother's Birthplace *ma*

Name of person giving Information *Wm W. Jackson* How related to deceased *father*

CAUSES OF DEATH

Primary *8* How long *✓*

Immediate *Stomach* How long *✓*

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *H. F. Nichols M.D.*

Address *East New Market*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

Emily Jones

Town

County

MARYLAND

Died at Bishop Head

Dorchester

Date

1860

Month

march

Day

29

Years

Age 86

Months

Days

Sex

Female

Color or  
Race

white

Birth-  
place

Bishop Head

Occupation

Housework

Where Residing if not  
at place of death

Bishop Head

Married, Single  
or Widowed

widowed

Name of Wife or  
Husband

Dead - unknown

Father's  
Name

Isaac Bramble

Father's  
Birthplace

Bishop Head

Mother's  
Maiden Name

Betsy Cannon

Mother's  
Birthplace

unknown

Name of person giving  
Information

Wm J Jones

How related  
to deceased

Son

## CAUSES OF DEATH

154

Primary

old age

How long

15 months

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

no Physician in attendance

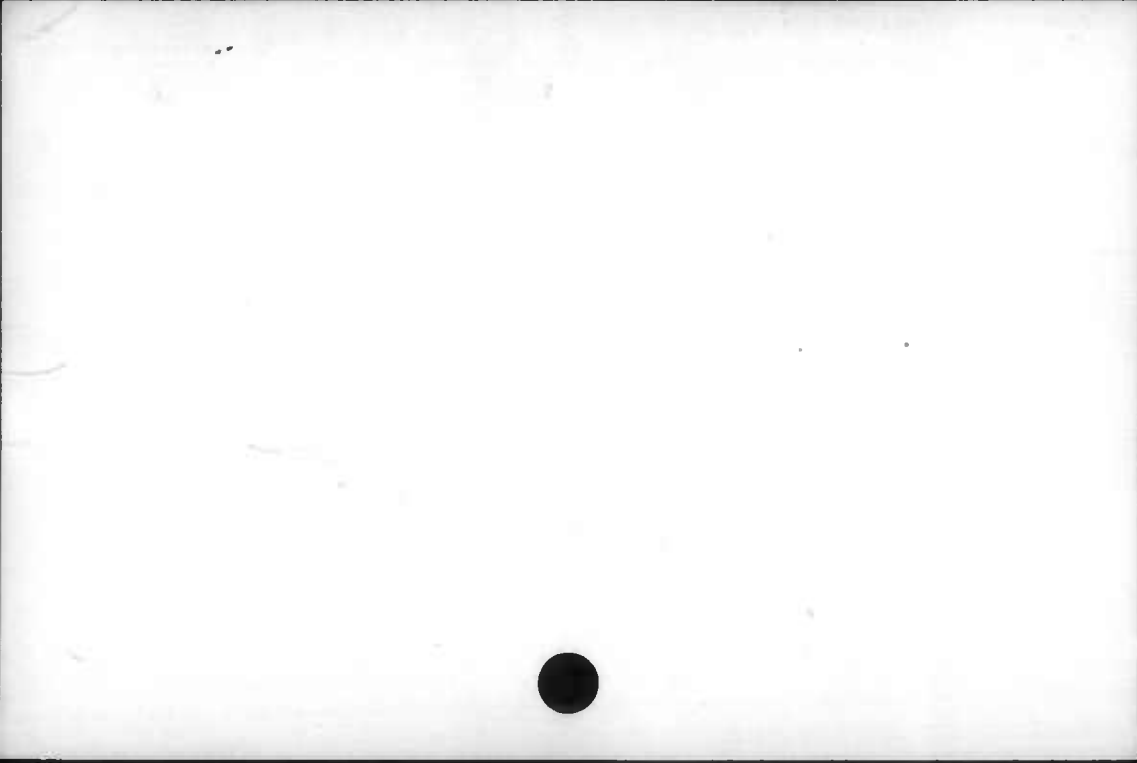
Address

Wm H H Pritchett

Accident or Suicide

Subregister Bishop Head

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In  
Full

May E Jones

Dorchester

CERTIFICATE OF DEATH

Died at Wrigates

Dorchester

MARYLAND

Date of death 1900 March 14

Age 28

Months 4

Days 17

Sex Female

Color or Race White

Birth-place Wrigates

Occupation Housewife

Where Residing if not at place of death Died at home

Married, Single or Widowed

Married

Name of Wife or Husband

E J Jones

Father's Name

Joseph Fitzhugh

Father's Birthplace

Lakeville

Mother's Maiden Name

Amanda F. Leary

Mother's Birthplace

Wrigates

Name of person giving information

Amanda F. Fitzhugh

How related to deceased

Mother

## CAUSES OF DEATH

Primary Tuberculosis

How long Unknown

Immediate Peritonitis, Tubercular

How long 6 1/2 months

Are the name, age, sex, color, date and place correctly given above?

Yes, so far as I know

Signature of Physician

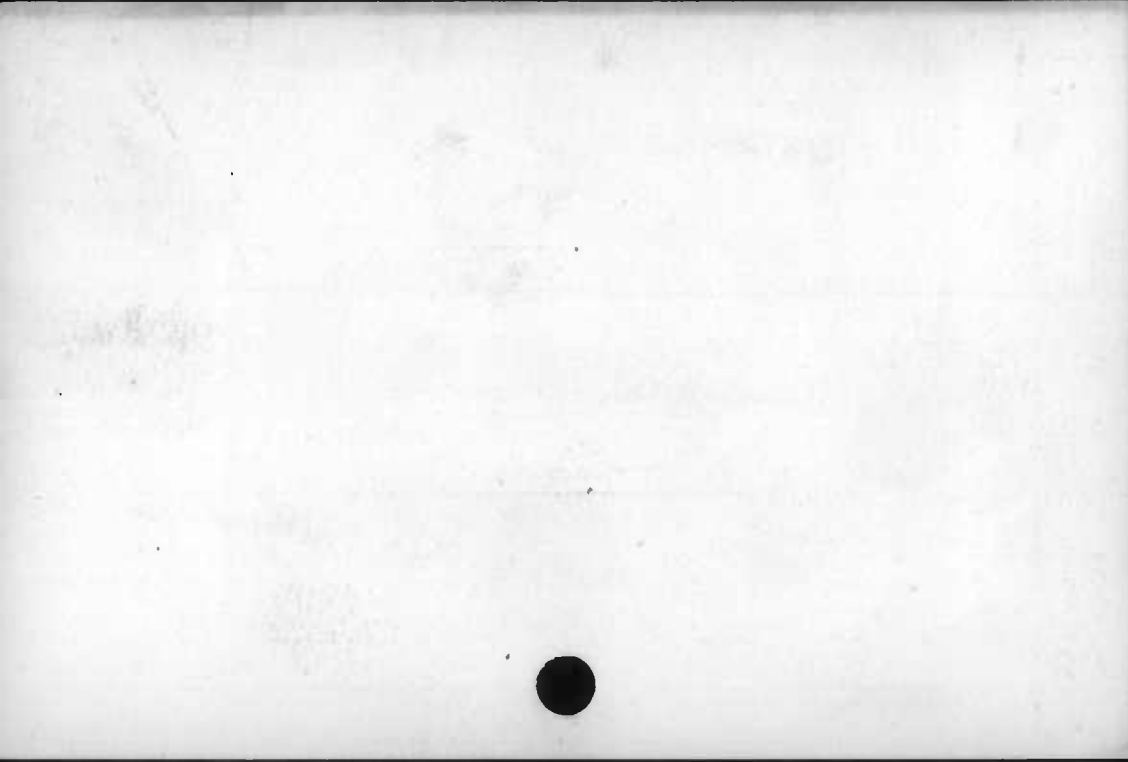
Address

M. White, M.D.  
Esapo. Dorchester Co.

Accident or Suicide?

Med.

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full *Vina Jones*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Poplarville</i> Town		<i>Dorchester</i> County		MARYLAND	
Date of death	1900	Month	Mar	Day	9
Age	78	Years	6	Months	3
Sex	Female	Color or Race	White	Birth-place	Bishops Head Md
Occupation	Housewife		Where Residing if not at place of death <i>Bishops Head Md</i>		
Married, Single or Widowed	Widow		Name of <del>Wife or</del> Husband <i>Ezekial Jones</i>		
Father's Name	<i>Isaac Bramble</i>		Father's Birthplace <i>Bishops Head Md</i>		
Mother's Maiden Name	<i>Betsy Cannon</i>		Mother's Birthplace <i>Unknown</i>		
Name of person giving Information	<i>William P. Jones</i>		How related to deceased <i>Son</i>		

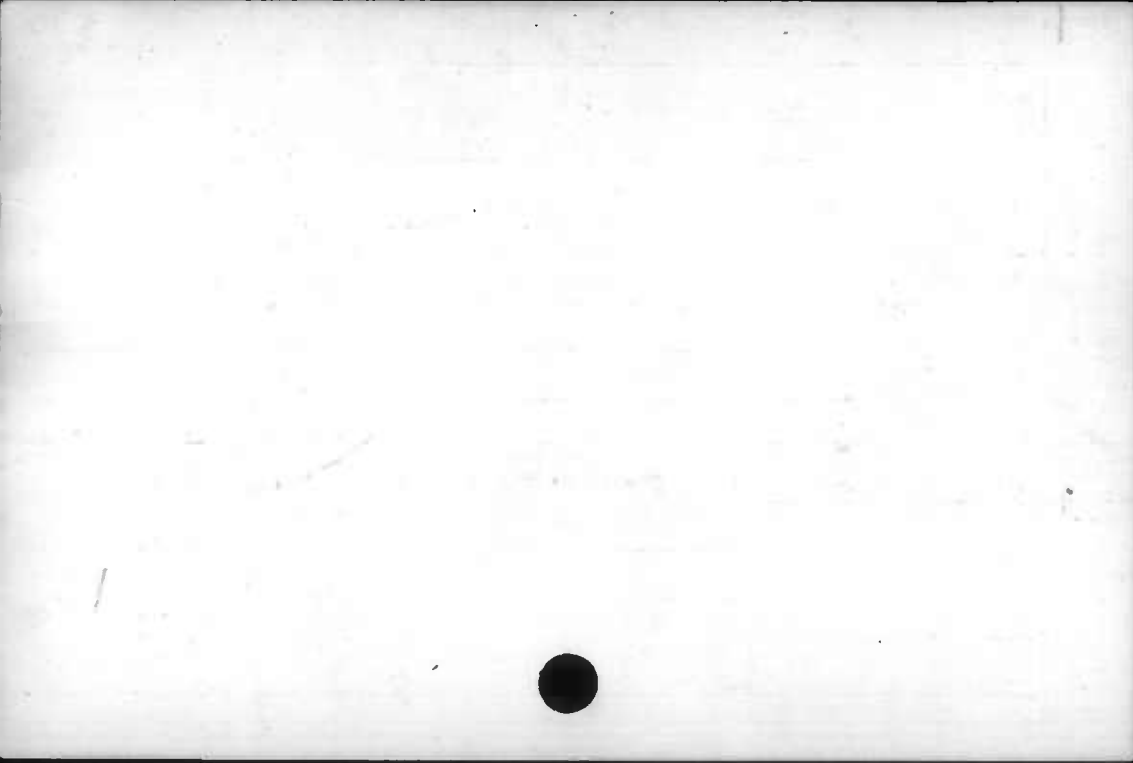
CAUSES OF DEATH

64

V

PHYSICIAN  
OR CORONER

Primary			How long	
Immediate	<i>Cerebral Hemorrhage</i>		How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. J. M. White</i>		
<i>Yes, so far as I know</i>		Address <i>Graves, Dorchester Co Md.</i>		
Accident or Suicida				





Name  
in  
Full

Sarah Woolford Jordan

## CERTIFICATE OF DEATH

Died at Cambridge <sup>Town</sup> Dorchester <sup>County</sup> **MARYLAND**

Date of death 1980 <sup>Month</sup> Mar. <sup>Day</sup>  <sup>Years</sup> Age 78 <sup>Months</sup> 2 <sup>Days</sup>

Sex Female Color or Race White Birthplace Maryland

Occupation Housewife Where Residing if not at place of death Cambridge

Married, Single or Widowed Widow Name of Wife or Husband William H. Jordan

Father's Name James Woolford Father's Birthplace Maryland

Mother's Maiden Name Sarah Barnett Mother's Birthplace

Name of person giving Information Miss May Jordan How related to deceased Daughter

## CAUSES OF DEATH

Primary Chronic Bright's Disease <sup>How long</sup> 1 year

Immediate Pulm. edema and heart failure <sup>How long</sup> 24 hours

Are the name, age, sex, color, date and place correctly given above?

Yhs

Signature of Physician

Address

Guy Stueb  
Cambridge Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Daniel Lane

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Near Cambridge* <sup>County</sup> *Dorchester* **MARYLAND**

Date of death 19*60* <sup>Month</sup> *March* <sup>Day</sup> *10* Age <sup>Years</sup> *72* <sup>Months</sup> *2* <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Farmer* Where Residing if not at place of death *Near Cambridge Md*

Married, Single or Widowed *Widower* Name of Wife or Husband *Do not know*

Father's Name *William Lane* Father's Birthplace *Maryland*

Mother's Maiden Name *Do not know* Mother's Birthplace *do*

Name of person giving Information *John P. Worney* How related to deceased *None*

## CAUSES OF DEATH

96

PHYSICIAN  
OR CORONER

Primary *Asthma* How long *4 1/2 months*

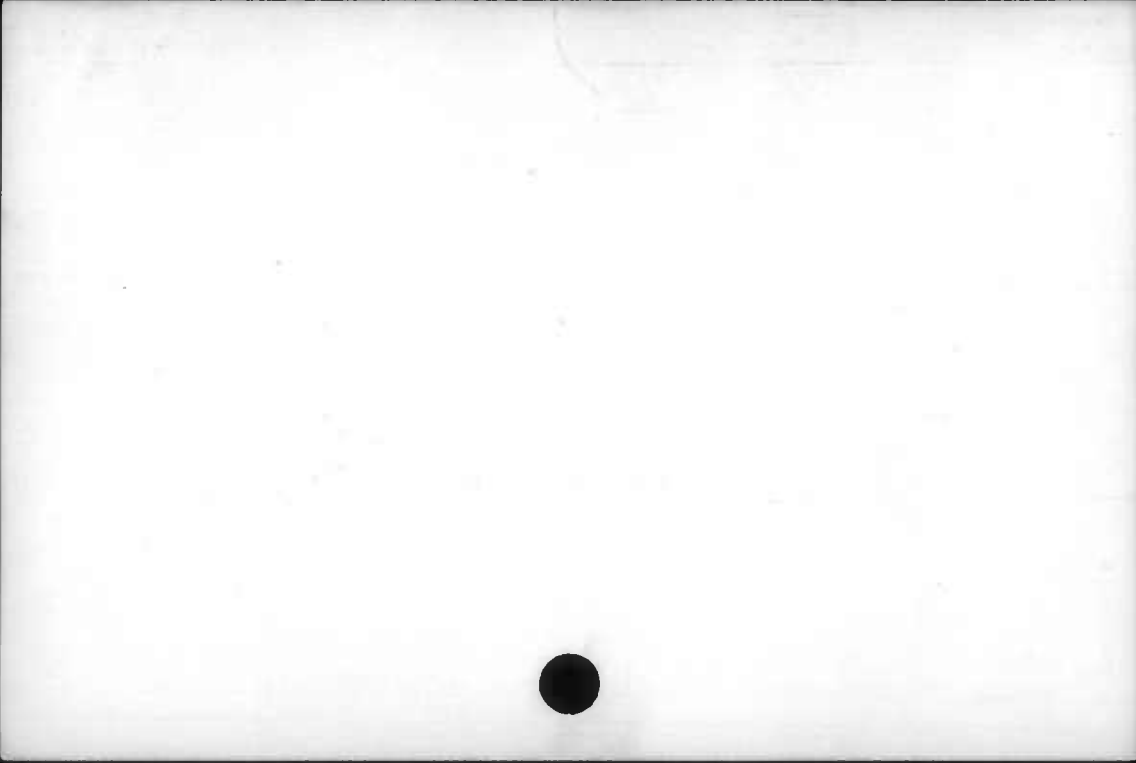
Immediate *Heart failure* How long *Suddenly*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John W. Mc...*

Address *Cambridge*

Accident or Suicide *no*



Name  
in  
Full

CERTIFICATE OF DEATH

Mary Catherine Macer

Town

County

MARYLAND

Died at

Cambridge

Lorechester

Date

of death

1940

Month

March

Day

15

Age

Years

38

Months

10

Days

6

Sex

Female

Color or  
Race

Colored

Birth-  
place

Lorechester Co

Occupation

Housewife

Where Residing if not  
at place of death

in

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Charles Macer

Father's  
Name

Henry Henry

Father's  
Birthplace

Lorechester Co

Mother's  
Maiden Name

Mary A. Steene

Mother's  
Birthplace

Lorechester Co

Name of person giving  
Information

Sarah Smith

How related  
to deceased

Sister

CAUSES OF DEATH

27

✓

Primary

Tuberculosis

How long

Several mos

Immediate

Exhaustion and cardiac failure

How long

Several days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Sister J. Reynolds MD

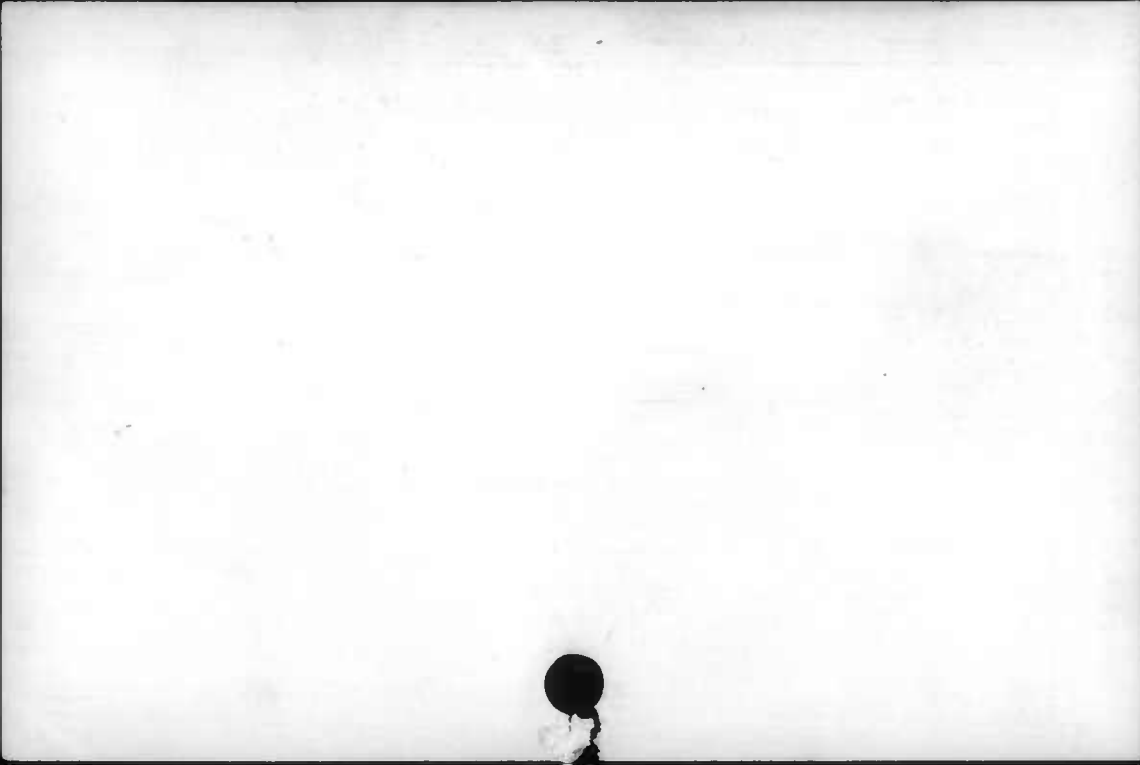
Address

Cambridge, Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Hornell, A. Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1910		March	28	92		6	
Sex	Female	Color or Race	White	Birth-place	Church Creek		
Occupation	None			Where Residing if not at place of death	Cambridge		
Married, Single or Widowed	Widowed			Name of Wife or Husband	John R. Work		
Father's Name	John Borne			Father's Birthplace	Md		
Mother's Maiden Name	Lorry Mae Hamora			Mother's Birthplace	Md		
Name of parson giving Information	Mrs. Y. A. Willis			How related to deceased	Daughter		

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	Old Age	How long	Good
Immediate	General Rx. heart	How long	11
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John W. W. W.
		Address	Cambridge Md
Accident or Suicide			





Name  
in  
Full

CERTIFICATE OF DEATH

Millie Maunsky

MARYLAND

Died at <sup>Town</sup> *Cherry Fork* <sup>County</sup> *Dorchester*

Date of death 1900 <sup>Month</sup> *Mar.* <sup>Day</sup> *13* <sup>Years</sup> *Age 86* <sup>Months</sup> *✓* <sup>Days</sup> *✓*

Sex *Female* Color or Race *Colored* Birth-place *Dorchester Co*

Occupation *Housewife* Where Residing if not at place of death *✓*

Married, Single or Widowed *Married* Name of Wife or Husband *Chas Maunsky*

Father's Name *Lavin Parker* Father's Birthplace *Dorchester Co*

Mother's Maiden Name *Mahalia Cepher* Mother's Birthplace *Dorchester Co*

Name of person giving Information *Lavin Maunsky* How related to deceased *Son*

CAUSES OF DEATH

79 *✓*

Primary *Mitral Regurgitation*

How long *Three or four years*

Immediate *Severe Anemia*

How long *about a month*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

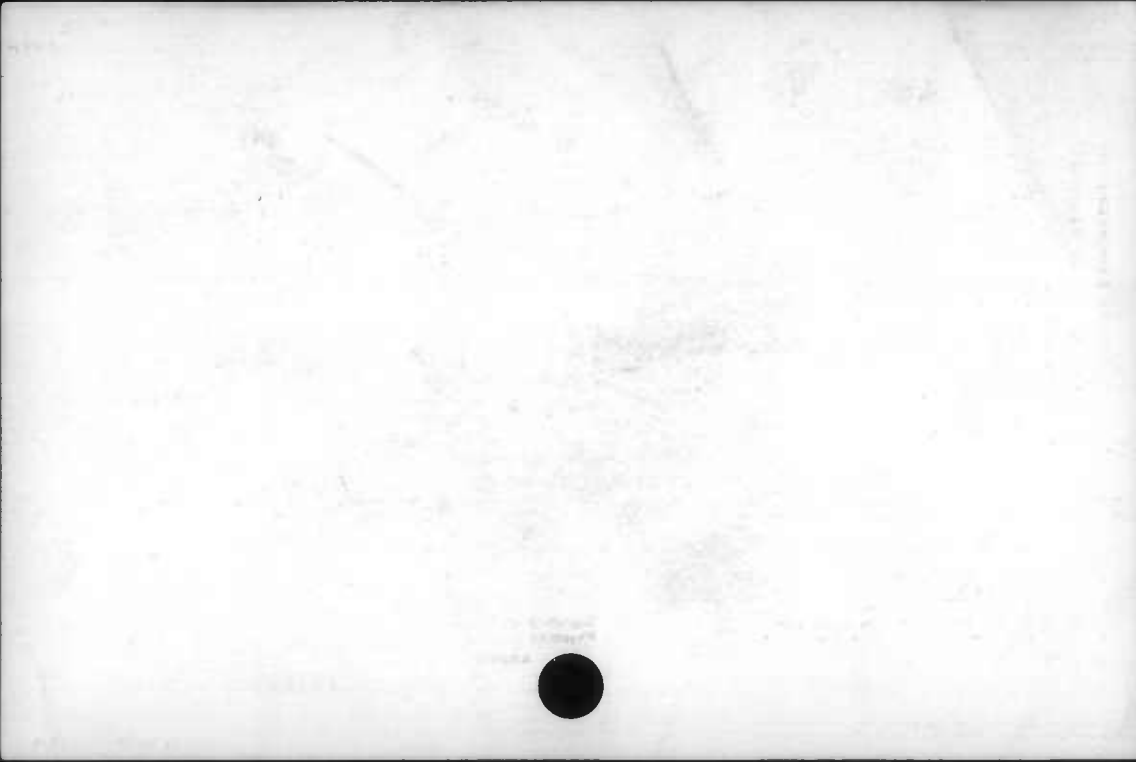
*W Carroll*  
*Cambridge Md.*

Accident or Suicide

*L.H.*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Myses.*

Town *Hartsville* County *Dorchester* MARYLAND

Died at *Hartsville* *Dorchester*

Date of death 1961 *March* *30* Age *✓* Months *✓* Days *✓*

Sex *Female* Color or Race *white* Birth-place *md*

Occupation *✓* Where Residing if not at place of death *✓*

Married, Single or ~~Widowed~~ Name of Wife or Husband *✓*

Father's Name *G. Roger Myes* Father's Birthplace *md*

Mother's Maiden Name *Edna Wright* Mother's Birthplace *md*

Name of person giving Information *G. Roger Myes* How related to deceased *father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Steel Bow* How long *✓*

Immediate *Steel Bow* How long *✓*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Guy Steele M.D.* Address *Cambridge*

Accident or Suicide



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

John K Oram

Town

Cambridge

County

Dorchester Co

MARYLAND

Date

of death

1900 March 11

Month

Day

Age

Years

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Cambridge

Occupation

None

Where Residing if not  
at place of death

Cambridge

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Charles Oram

Father's  
Birthplace

Summit

Mother's  
Maiden Name

Alice Eram

Mother's  
Birthplace

Cambridge

Name of person giving  
Information

Charles Oram

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Malaria

How long

Since birth

Immediate

Bronchitis &amp; Eczema

How long

Some days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

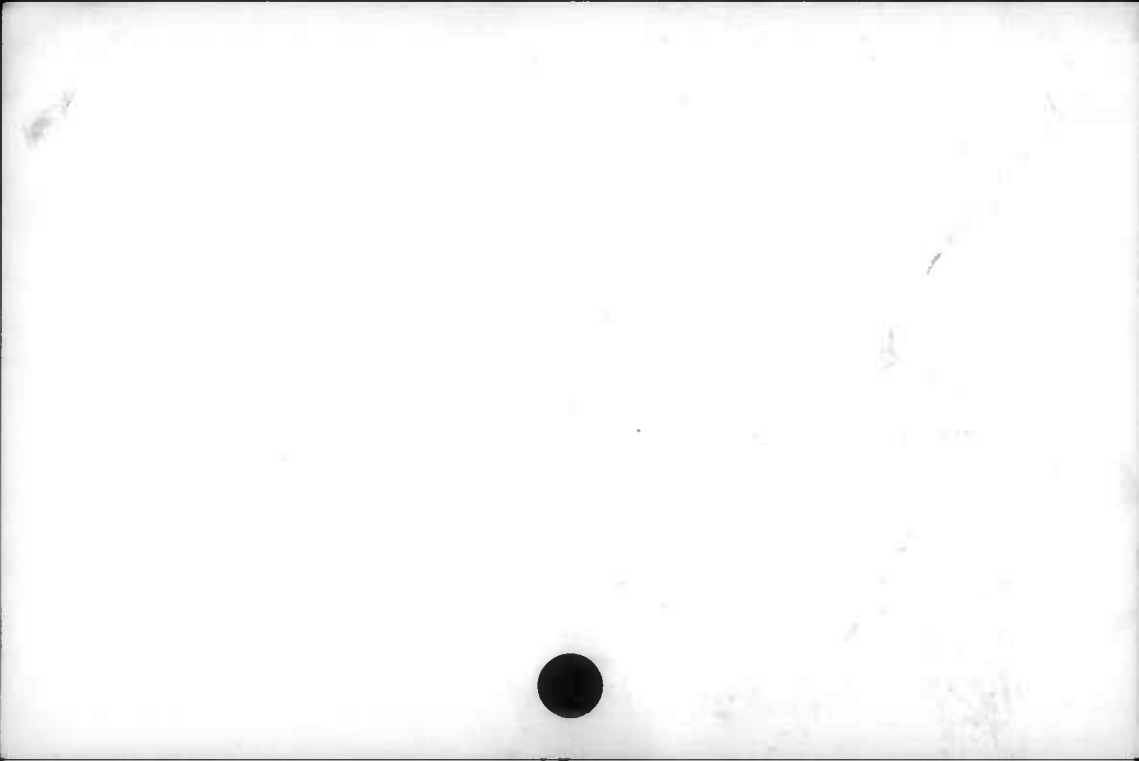
Dr. G. L. Dorruck

Address

Cambridge Md.

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Annie E. Parker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hoopersville</u> <sup>Town</sup>		<u>Dorchester</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1900</u> <sup>Month</sup> <u>March</u> <sup>Day</sup> <u>30th</u>	Age	<u>27</u> <sup>Years</sup>	<u>10</u> <sup>Months</sup>	<u>3</u> <sup>Days</sup>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Dorchester Co</u>
Occupation	<u>house wife</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>married</u>	Name of Wife or Husband	<u>Joseph Parker</u>		
Father's Name	<u>Samuel Hooper</u>		Father's Birthplace	<u>Dorchester Co</u>	
Mother's Maiden Name	<u>Susan Meekins</u>		Mother's Birthplace	<u>Dorchester Co</u>	
Name of person giving Information	<u>Eva Wrigate</u>		How related to deceased	<u>Sister</u>	

## CAUSES OF DEATH

Primary	<u>Typhoid Fever &amp; Tuberculosis</u>	How long	<u>18 weeks.</u>
Immediate	<u>Cardiac Asthenia</u>	How long	<u>3.6 hours</u>

Are the name, age, sex, color, date and place correctly given above?

Yes

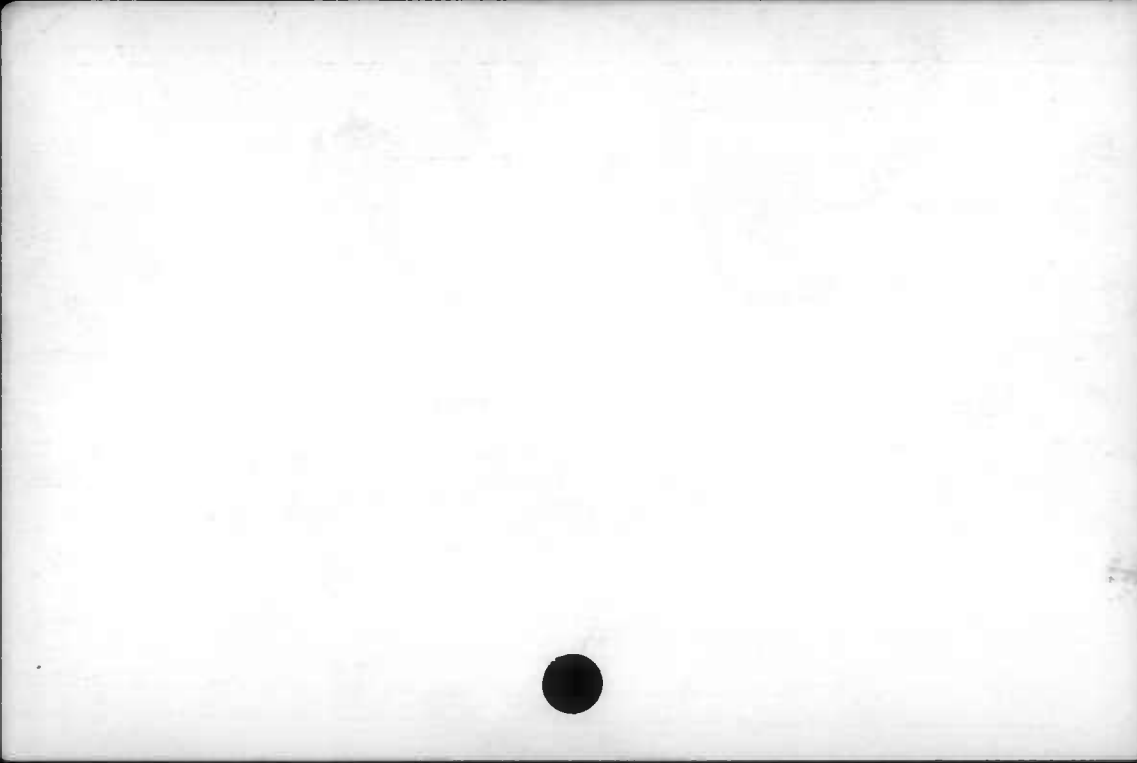
Signature of Physician

James W. Meade Jr. M.D.

Address

Fishing Creek, Md.

Accident or Suicide





Name  
in  
Full

*Israel Peters.*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Secretary* Town *Dorchester* County *MARYLAND*  
Date of death *1940* Month *3* Day *12* Age *59* Years Months Days  
Sex *Male* Color or Race *Caucasian* Birth-place *Dorchester*  
Occupation *Farmer* Where Residing if not at place of death  
Married, ~~Single~~ *Single* Name of Wife or Husband *Mary Peters*  
Father's Name *Don't know* Father's Birthplace *Frederick Md.*  
Mother's Maiden Name *Miss Block* Mother's Birthplace *Don't know*  
Name of person giving Information *Mary A. Peters* How related to deceased *wife*

CAUSES OF DEATH

*10*

PHYSICIAN  
OR CORONER

Primary *"Grip"* How long *4 weeks*  
Immediate *Hemorrhage* How long *Five minutes*  
Are the name, age, sex, color, date and place correctly given above? *yes*  
Signature of Physician *H. F. Nicols M.D.*  
Address *E. N. Market St.*  
Accident or Suicide

Salon

Name  
in  
Full

Samuel T Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Graps Town Dorchester County MARYLAND  
Date of death 1960 Month Mar Day 26 Age 80 Years 6 Months — Days —  
Sex Male Color or Race White Birth-place Worton Island Md  
Occupation Cypherman Where Residing if not at place of death Died at home  
Married, Single or Widowed Married Name of Wife or Husband Margaret E. Phillips  
Father's Name Thomas Phillips Father's Birthplace Worton Island Md  
Mother's Maiden Name Polly Worton Mother's Birthplace Worton Island Md  
Name of person giving Information Refus Phillips How related to deceased Son

CAUSES OF DEATH

64 ✓

PHYSICIAN  
OR CORONER

Primary Senility How long 11 days  
Immediate Cerebral Hemorrhage How long 11 days  
Are the name, age, sex, color, date and place correctly given above? Yes, so far as I know  
Signature of Physician R. M. White, M.D.  
Address Graps Dorchester Co Md.  
Accident or Suicide ☐



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

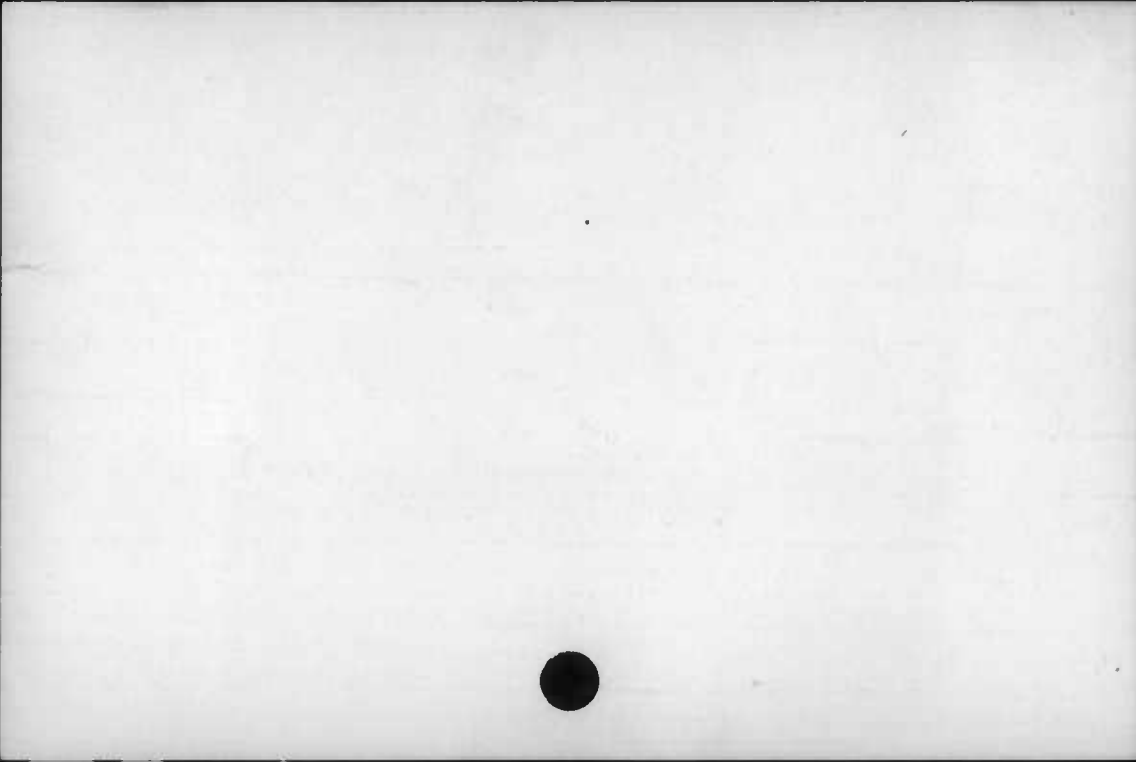
Died at <i>Cambridge</i> Town <i>Torchester</i> County		MARYLAND	
Date of death <i>1910</i> Month <i>Mar</i> Day <i>13</i> Age <i>2</i> Years Months <i>10</i> Days <i>—</i>	Sex <i>male</i> Color or Race <i>—</i> Birth place <i>Torchester</i>		
Occupation <i>none</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>colored</i>		
Father's Name <i>Levin Rideout</i>	Father's Birthplace <i>Torchester</i>		
Mother's Maiden Name <i>Natie Kalliatte</i>	Mother's Birthplace <i>Balt. City</i>		
Name of person giving information <i>Kalliatte</i>	How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate <i>Cardiac &amp; Resp. Failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. B. Reynolds M.D.</i>
	Address <i>Cambridge Md.</i>
Accident or Suicide? <i>L+H</i>	



Name  
in  
Full

Caroline Robinson Over one yr.

CERTIFICATE OF DEATH

Died at		Town Houlford		County Dorchester		MARYLAND	
Date of death	19	Month 10	3	Day 20	Age	Years 55	Months — Days —
Sex	Female		Color or Race	Black		Birth- place	Md.
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband				
Father's Name	John Kiah					Father's Birthplace	Md.
Mother's Maiden Name	Mary Cromwell					Mother's Birthplace	Md.
Name of person giving in formation						How related to deceased	

## CAUSES OF DEATH

Primary	Intestinal Neoplasia	How long	3 yrs.
Immediate	Uraemia	How long	

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

R. L. Linthicum  
Church Creek  
Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in Full

Bessie H Shanahan

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cambridge <sup>Town</sup> Dorchester Co <sup>County</sup> **MARYLAND**  
 Date of death 1960 <sup>Month</sup> March <sup>Day</sup> 22 <sup>Years</sup> Age 27 <sup>Months</sup>  <sup>Days</sup>   
 Sex Female Color or Race White Birth-place Barlington Md  
 Occupation House Wife Where Residing if not at place of death Cambridge  
 Married, Single or Widowed Married Name of Wife or Husband John W Shanahan  
 Father's Name William Currier Father's Birthplace Don't Know  
 Mother's Maiden Name Margaret Holloway Mother's Birthplace Don't Know  
 Name of person giving Information John W Shanahan How related to deceased Husband

CAUSES OF DEATH

(27)

PHYSICIAN  
OR CORONER

Primary Pulm. Tuberculosis  
 Immediate General Exhaustion

How long 1 year  
 How long gradually

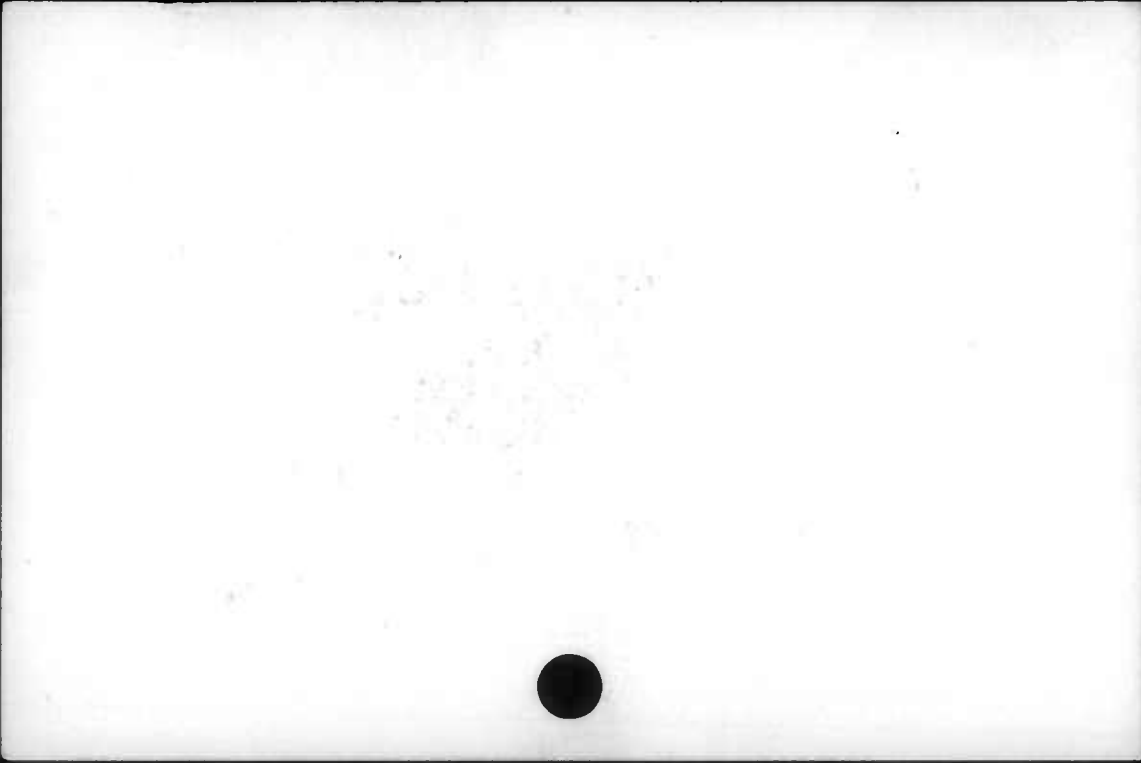
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Cur Stiller  
Cambridge Md.

Accident or Suicide



Name  
in  
Full

Clarence H. Spedden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Taylors Island		County Dorchester		MARYLAND	
Date of death		Month 1900	Day March	Age 12	Years 1	Months —	Days 2
Sex Male		Color or Race African		Birth-place Md			
Occupation #		Where Residing if not at place of death #					
Married, Single or Widowed X		Name of Wife or Husband #					
Father's Name Joseph Spedden				Father's Birthplace Md.			
Mother's Maiden Name May E. Thompson				Mother's Birthplace Md			
Name of person giving Information Jos. Spedden				How related to deceased father.			

## CAUSES OF DEATH

97

PHYSICIAN  
OR CORONER

Primary	Broncho Pneumonia	How long	2 wks
Immediate	Exhaustion	How long	1 wk
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. R. Shriver Jr.	
		Address	
		Taylors Island	
		Md	
Accident or Suicide		#	

12-M

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Sarah L Teagle</b>		Town <b>East New Market</b>		County <b>Dorchester</b>		MARYLAND	
Died at		Month <b>3</b>		Day <b>31</b>		Years <b>26</b>	
Date of death <b>1910</b>		Months <b>3</b>		Days <b></b>			
Sex <b>Female</b>		Color or Race <b>Colored</b>		Birth-place <b>Dorchester</b>			
Occupation <b>House Wife</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>W. H. Teagle</b>					
Father's Name <b>Tom John</b>		Father's Birthplace <b>Dorchester</b>					
Mother's Maiden Name <b>Willie Jenkins</b>		Mother's Birthplace <b>Dorchester</b>					
Name of person giving information <b>W. H. Teagle</b>		How related to deceased <b>Husband</b>					

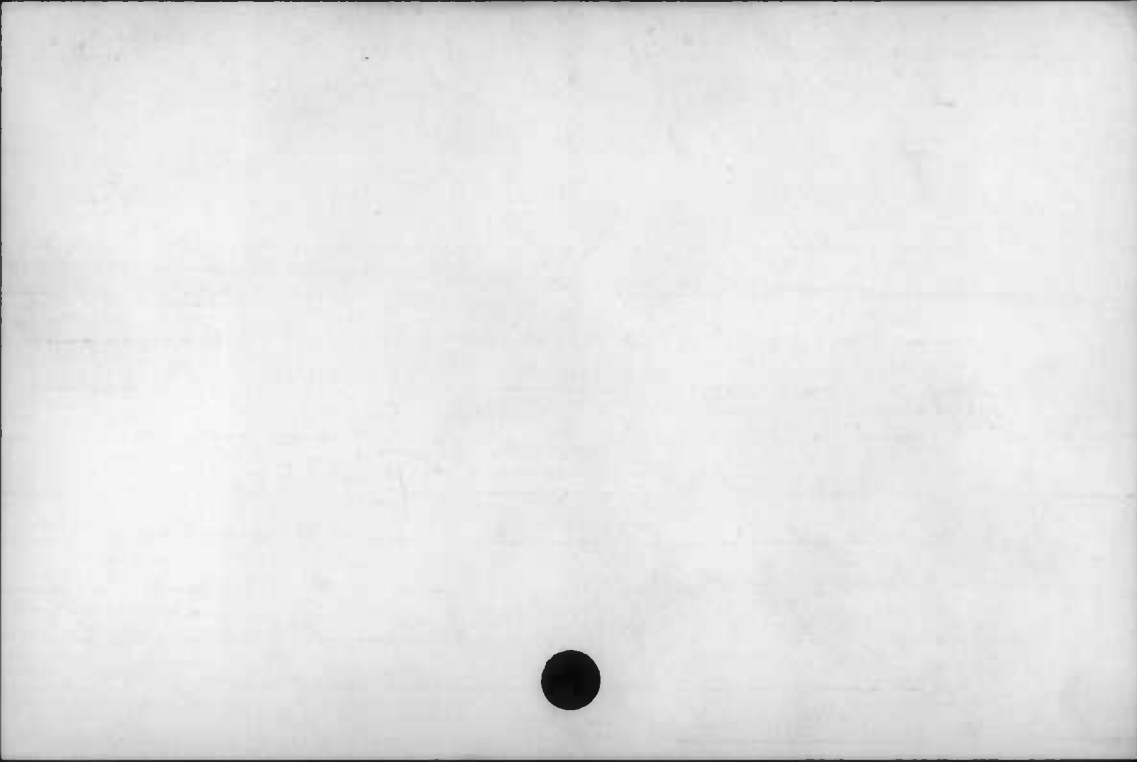
## CAUSES OF DEATH

(93)

V

PHYSICIAN  
OR CORONER

Primary <b>Pneumonia</b>	How long <b>9 days</b>
Immediate <b>Heart Failure</b>	How long <b>2 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>H. F. Nichols M.D.</b>
	Address <b>E. N. Market, Md.</b>
Accident or Suicide? <b></b>	



Name  
in  
Full

*Annie Thompson*

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

*Airys*

*Dorchester Co*

Date

of death 1900

Month March

Day 26

Age 9

Years

Months

Days

Sex

*Female*

Color or Race

*Color*

Birth-place

*Airys*

Occupation

*School Girl*

Where Residing if not at place of death

*" "*

Married, Single or Widowed

*Single*

Name of Wife or Husband

*None*

Father's Name

*Peter Thompson*

Father's Birthplace

*Cambridge*

Mother's Maiden Name

*Jane Byrs*

Mother's Birthplace

*Airys*

Name of person giving Information

*Peter Thompson*

How related to deceased

*Father*

CAUSES OF DEATH

Primary

*Gastritis*

How long

*2 months*

Immediate

*Exhaustion*

How long

*3 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*John Mace MD  
Cambridge*

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

103 ✓





Name  
in  
Full

Infant Traverso.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Fishing Creek* Town *Dorchester* County *MARYLAND*  
 Date of death *1980 March 22<sup>nd</sup>* Age *0* Months *0* Days *1*  
 Sex *Female* Color or Race *White* Birth-place *Dorchester, Co.*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name *J. Alexander Traverso*

Father's Birthplace *Dorchester, Co.*

Mother's Maiden Name *Bertha Horacman*

Mother's Birthplace *Dorchester, Co.*

Name of person giving Information *J. A. Traverso.*

How related to deceased *Father.*

## CAUSES OF DEATH

151

✓

Primary

Premature Birth,

How long

Immediate

asphyxia

How long

18 hours.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

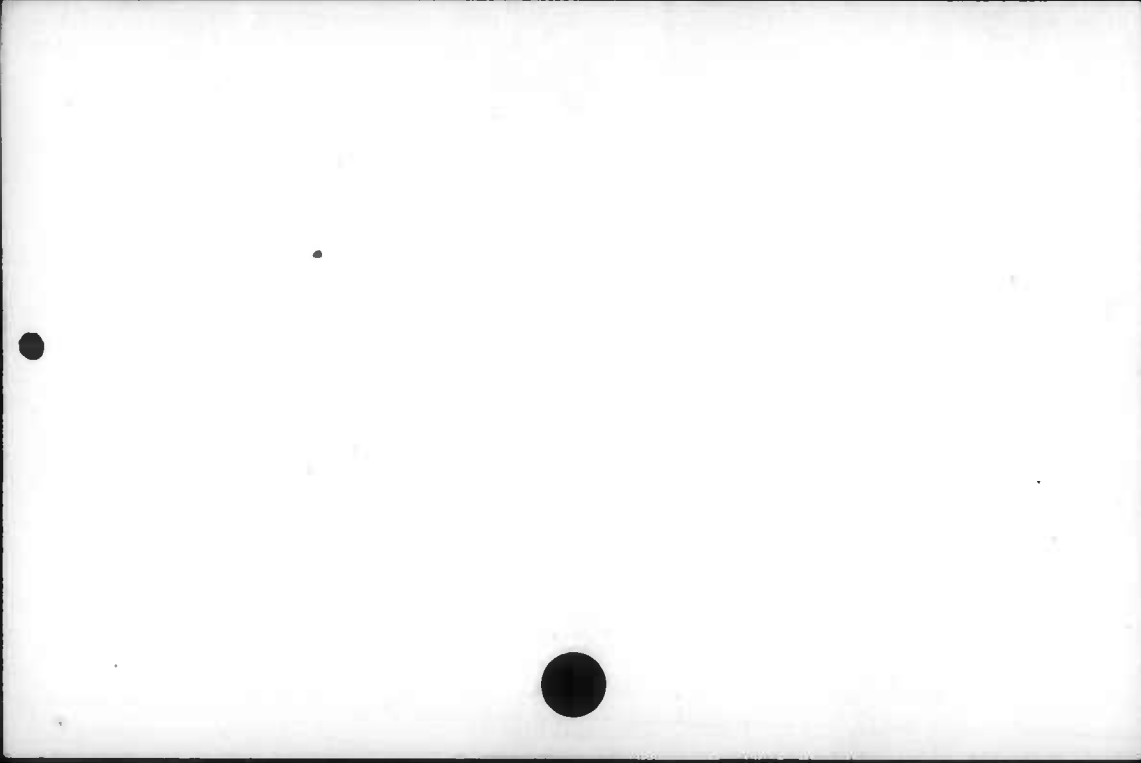
Address

*W. H. Honatons, M.D.*  
*Fishing Creek, Ind.*

Accident or Suicide

PHYSICIAN  
OR CORONER

K/



Name  
in  
Full

Edward A. Vickers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Cambridge		<sup>County</sup> Marchist		MARYLAND	
Date of death	1960	Month	Mar	Day	21
Age	55	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Maryland
Occupation	Tramster		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret-A-Vickers		
Father's Name	Margiah Vickers		Father's Birthplace	Maryland	
Mother's Maiden Name	Sallie Wallace		Mother's Birthplace		
Name of person giving Information	Thos R. Wallace		How related to deceased	Half Bro	

CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	9 days
Immediate	Wraemia	How long	24 hrs
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		E. E. Wolff	
		Address	
		Cambridge, Md	
Accident or Suicide			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

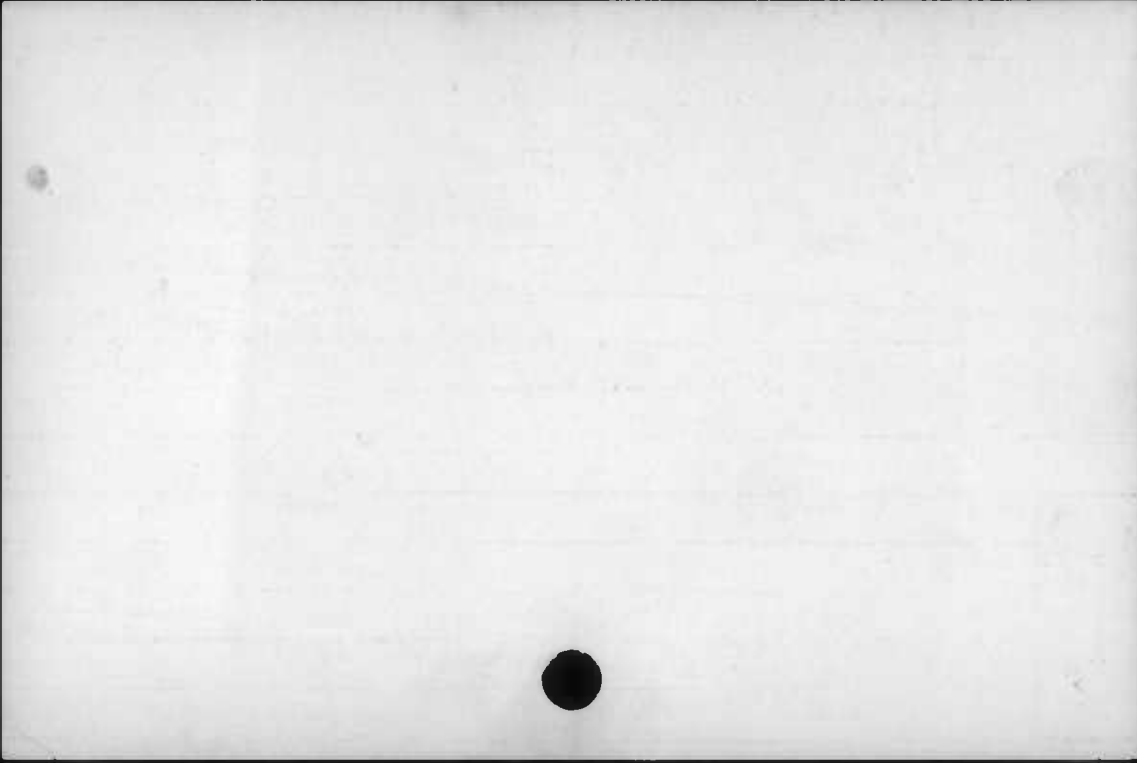
Died at *Sherry Wells* Town *Cambridge* County *Dorchester*  
 Date of death *1910* Month *March* Day *20th* Age *Abt 70* Years Months Days  
 Sex *Male* Color or Race *Colored* Birth-place *Virginia*  
 Occupation *Saborer* Where Residing if not at place of death  
 Married, Single or Widowed *Married* Name of Wife or Husband *Mary Wells*  
 Father's Name *Moses Wells* Father's Birthplace *Virginia*  
 Mother's Maiden Name *Unknown* Mother's Birthplace *Unknown*  
 Name of person giving information *Mary Wells* How related to deceased *Wife*

## CAUSES OF DEATH

120 ✓

PHYSICIAN  
OR CORONER

Primary *Chr. Nephritis* How long *One yr*  
 Immediate *Cardiac Failure* How long *Several days*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dexter B. Reynolds M.D.*  
 Address *Cambridge, Md*  
 Accident or Suicide? *L.H.*



Name  
in  
Full

Edith Bell Wiley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

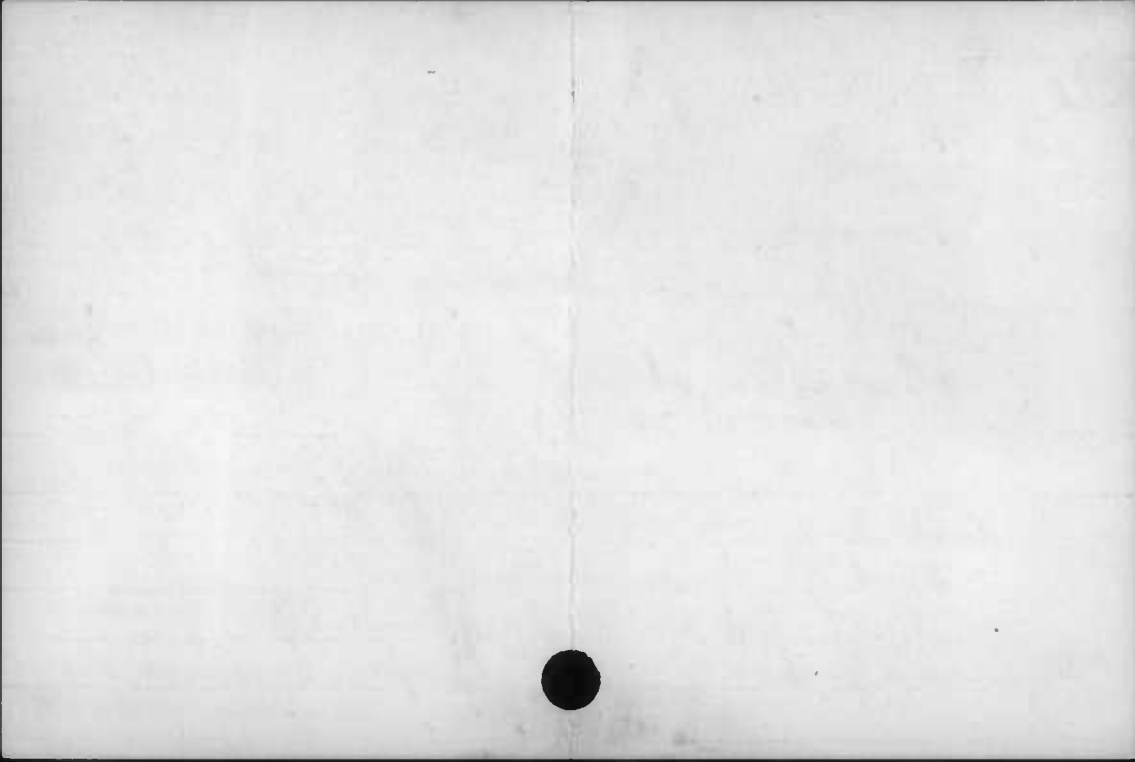
Died at <i>Hurlock</i>		Town <i>Dos</i>		County		MARYLAND	
Date of death <i>1910</i>	Month <i>3</i>	Day <i>7</i>	Age	Years <i>33</i>	Months <i>5</i>	Days <i>3</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Del</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death <i>Hurlock</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph James Wiley</i>					
Father's Name <i>Leach H Waller</i>			Father's Birthplace <i>Del</i>				
Mother's Maiden Name <i>Mary Anna Horbough</i>			Mother's Birthplace <i>Del</i>				
Name of person giving Information <i>J J Wiley</i>			How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

138

PHYSICIAN  
OR CORONER

Primary <i>Acute nephritis</i>	How long <i>3 months</i>
Immediate <i>Colapsia Post partum</i>	How long <i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J J Wiley</i>
	Address <i>East new market, Md</i>
Accident or Suicide?	





Name  
in  
Full

CERTIFICATE OF DEATH

Josiah L. Hilley

Died at Andrews P.O.

Dorchester

MARYLAND

Date of death 1960

Month Mar.

Day 23

Age 82

Months 4

Days 23

Sex Male

Color or Race White

Birthplace Robbins, Md.

Occupation Farmer

Where Residing if not at place of death Died at home

Married, Single or Widowed Married

Name of Wife or Husband Mary A. Hilley

Father's Name Angelo Hilley

Father's Birthplace Unknown

Mother's Maiden Name Elizabeth Dean

Mother's Birthplace Lakesville Md.

Name of person giving Information Mary A. Hilley

How related to deceased Wife

CAUSES OF DEATH

10

Primary Senility

How long

Immediate Influenza + Broncho Pneumonia

How long

14 days

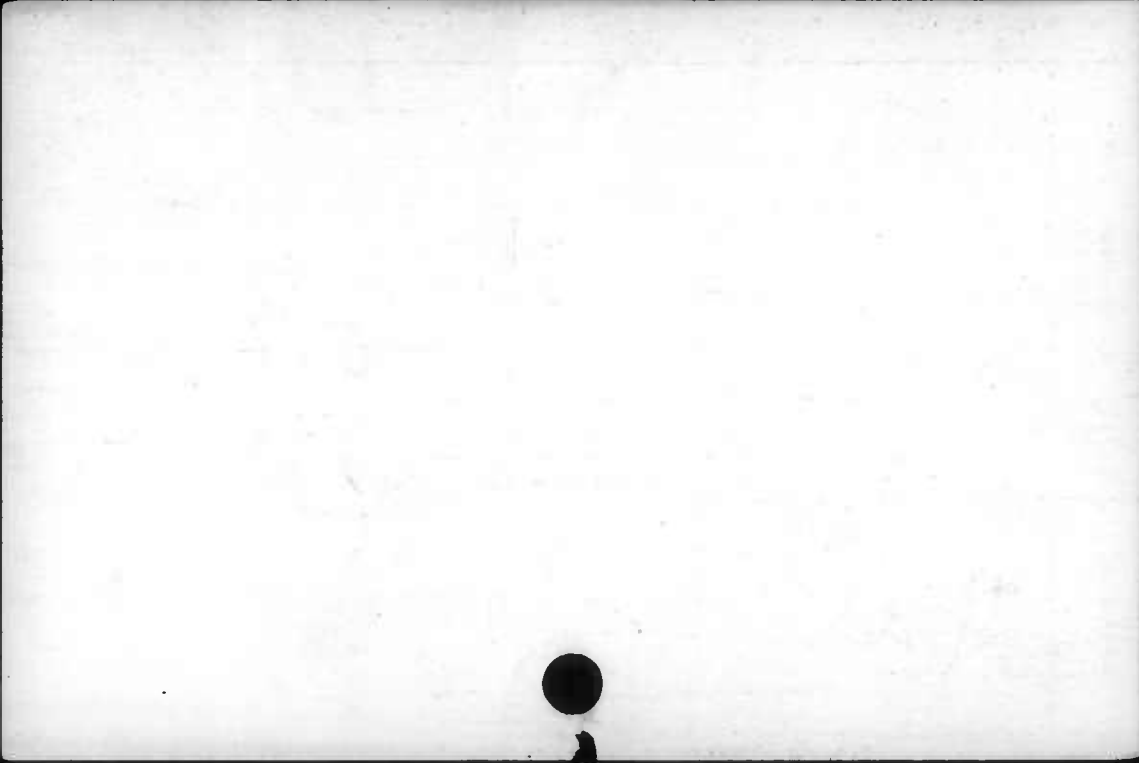
Are the name, age, sex, color, date and place correctly given above? Yes, so

Signature of Physician J. M. White

far as I know

Address Crapo, Dorchester Co. Md.

Accident or Suicide



Name  
in  
Full

Ellen Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Salem Town Dorchester County MD MARYLAND  
Date of death 1940 March 29 Month Day Years Age 62 Months Days

Sex Female Color or Race Colored Birth-place Dorabridge

Occupation House Wife Where Residing if not at place of death Farmville

Married, Single or Widowed Married Name of Wife or Husband John R Wilson

Father's Name Don't Know Father's Birthplace Don't Know

Mother's Maiden Name Minta Chase Mother's Birthplace Dorabridge

Name of person giving Information Stanby Chase How related to deceased Sons

CAUSES OF DEATH

Primary Cerebral Hemorrhage How long 64 1 and day

Immediate Pericarditis How long gradual

Are the name, age, sex, color, date and place correctly given above?

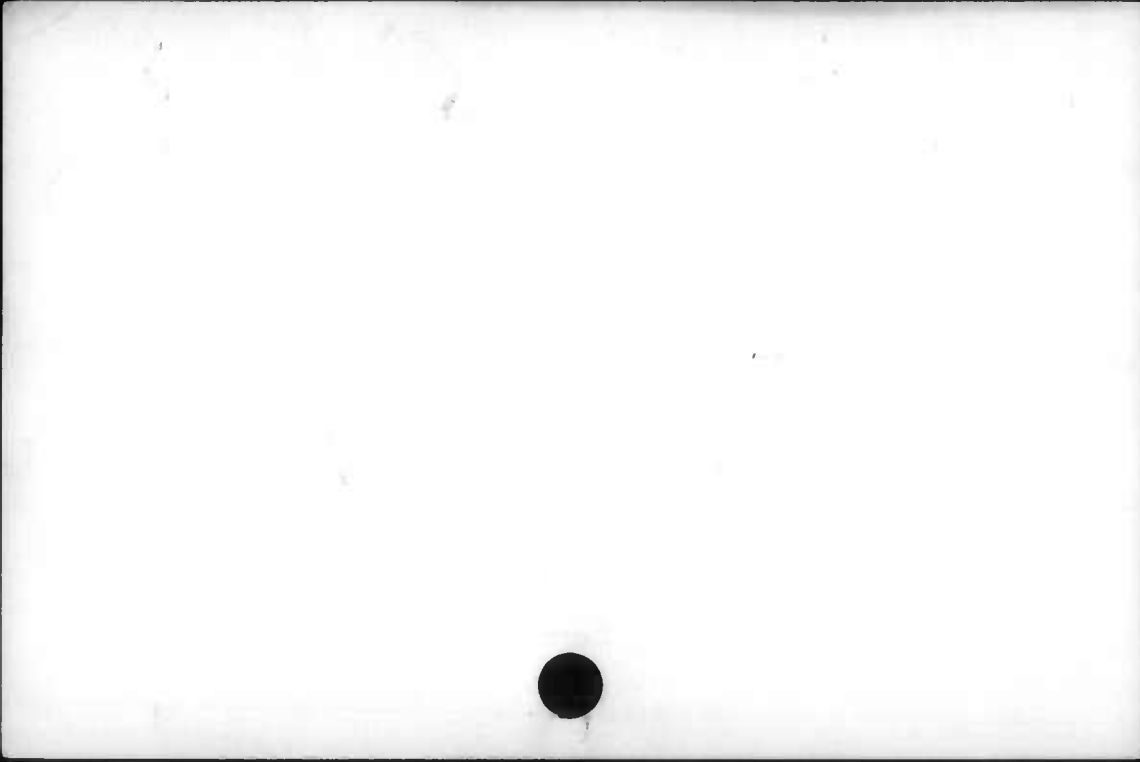
Signature of Physician Chas M. Hauler

Address Cambridge

PHYSICIAN  
OR CORONER

No physician in attendance

Accident or Suicide



Name  
in  
Full

George B. Wingate

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hooper's Island, Light House</i>		County <i>Dorchester</i>		MARYLAND	
Date of death	19 <i>00</i>	Month <i>March</i>	Day <i>23rd.</i>	Age <i>45</i>	Months <i>10</i> Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Dorchester Co.</i>			
Occupation <i>Assistant Light Keeper</i>	Where Residing if not at place of death <i>Hoopersville, Ind.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Eva W. Wingate</i>				
Father's Name <i>Thos. Wingate</i>	Father's Birthplace <i>Dorchester Co.</i>				
Mother's Maiden Name <i>Mary Adams</i>	Mother's Birthplace <i>Dorchester Co.</i>				
Name of person giving Information <i>Mrs. Eva W. Wingate</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

*185*

PHYSICIAN  
OR CORONER

Primary	<i>strychnine Poisoning</i>	How long	<i>8 hours</i>
Immediate	<i>do not know</i>	How long	<i>_____</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Laurence D. Ashton Jr</i>	
		Address <i>Hoopersville Ind</i>	
Accident or Suicide <i>accident</i>			

